

# Smart and Skilled Qualification Application

## OVERVIEW:

**SITHFAB002 PROVIDE RESPONSIBLE SERVICE OF ALCOHOL (RSA)** is a fully funded NSW Government initiative under Smart and Skilled. This eligibility form is for any prospective student wishing to apply for this funded program.

## ELIGIBILITY CRITERIA:

### If you:

- Are 18 years old or over?
- No longer at school?
- Living or working in NSW?
- Are an Australian citizen, Australian permanent resident, humanitarian visa holder or New Zealand citizen?
- Have **not previously been the holder** of an RSA COMPETENCY CARD

Then you're eligible to enrol in a government-subsidised course with an approved Smart and Skilled training provider.

## NEXT STEPS:

### After this application is complete:

- Send your completed application with all required Evidences  
(**Please note: No applications can be processed without supporting evidence.**)
- CHP School of Hospitality will process the Smart and Skilled enrolment
- CHP School of Hospitality will use Smart and Skilled eligibility criteria as a guide to determine the applicant's eligibility for the training program that has been applied for
- An "Enrolment Confirmation Letter" will be issued to the successful applicant with the descriptions, delivery modes and date of training.

### Options for applicants to provide proof of identity and eligibility evidences:

#### ***Option 1 – In person OR post to***

Canterbury-Hurlstone Park RSL Club – attention to CHP School of Hospitality  
20 – 26 Canterbury Road,  
Hurlstone Park NSW 2193

#### ***Option 2 – Email***

Applicants can email a copy of proof of identity document and required eligibility evidence to [rto@chpsoh.com.au](mailto:rto@chpsoh.com.au)

## Smart and Skilled Qualification Eligibility Form

*The following information must be collected for all Smart and Skilled enrolments.*

Are you still at school?	<input type="radio"/> No <input type="radio"/> Yes <span style="background-color: yellow; padding: 2px;"><b>IF YES, DO NOT CONTINUE. NOT ELIGIBLE</b></span>
Have you ever held a <b>RSA Competency Card</b> that has expired and is currently due for renewal?	<input type="radio"/> No <input type="radio"/> Yes <span style="background-color: yellow; padding: 2px;"><b>IF YES, DO NOT CONTINUE. NOT ELIGIBLE</b></span>
First Name:	
Other name/s:	
Last name:	
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Not Specified
Date of Birth:	
Contact Information:	Phone: _____ Email: _____
What is your Unique Student Identifier? (USI) <a href="http://www.usi.gov.au">www.usi.gov.au</a> to create	_____ (10 Characters)
Residential Address (at time of Training)	Unit No: _____ Street No: _____ Street Name: _____ Suburb: _____ State: (NSW) New South Wales Postcode: _____
What is your residency status? <b>** See appendix</b>	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa Type of visa: <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other

Have you achieved any qualifications since turning 17?	<input type="radio"/> Yes, while still at school
	<input type="radio"/> Yes, after leaving school (post school qualifications)
	<input type="radio"/> No
What is the highest level of any post school qualification achieved?  (if applicable)	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) Certificates other than the above <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree
Are you Aboriginal or Torres Strait Islander?	<input type="radio"/> No <input type="radio"/> Yes
Has the student undertaken any other Smart and Skilled qualification this calendar year?	<input type="radio"/> If Yes, please give details <input type="radio"/> No
Do you require assistance for Language, Literacy and Numeracy (LLN)?	<input type="radio"/> No <input type="radio"/> Yes (Please give details or call 02 9559 0025 to discuss)
Do you have a Disability?	<input type="radio"/> No <input type="radio"/> Yes <b>** See appendix</b>
If yes, please select disability assessment type	<input type="radio"/> Recipient of Disability Support Pension <b>** See appendix</b> <input type="radio"/> Assessed by a specialist support professional as a student with a disability <b>** See appendix</b>
Please indicate your welfare status:	<input type="radio"/> I am a welfare recipient <b>** See appendix</b> <input type="radio"/> I am a dependent child or spouse of a welfare recipient <b>** See appendix</b> <input type="radio"/> I am not a welfare recipient

<b>If yes to being a welfare recipient please specify</b> <b>** See appendix</b>	<input type="radio"/> Age Pension <input type="radio"/> Austudy <input type="radio"/> Carer Payment <input type="radio"/> Farm Household Allowance <input type="radio"/> Newstart Allowance <input type="radio"/> Parenting Payment (Single) <input type="radio"/> Sickness Allowance <input type="radio"/> Family Tax Benefit Part A (Maximum rate)	<input type="radio"/> Special Benefit <input type="radio"/> Widow Allowance <input type="radio"/> Widow B Pension <input type="radio"/> Wife Pension <input type="radio"/> Youth Allowance <input type="radio"/> Veterans' Affairs Pensions <input type="radio"/> Veterans' Children Education Scheme
<b>Are you an Employment Service Provider Client?</b>	<input type="radio"/> No <input type="radio"/> Yes	
<b>Job Service Provider Details:</b>	.	
<b>Organisation ID:</b>		<b>Client ID:</b>
<b>Have you been referred by a Employment Service Provider?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If yes, please indicate your Employment Service Provider referral ID</b>
<b>Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?</b>	<input type="radio"/> Yes, registered <input type="radio"/> Yes, intending to be registered <input type="radio"/> No	<b>TCID Number:</b> <input style="width: 100%;" type="text"/>
<b>How did you hear about this program?</b>		
<input type="checkbox"/> Website <input type="checkbox"/> Google <input type="checkbox"/> Job Network <input type="checkbox"/> Friend <input type="checkbox"/> Chevron Club Newsletter <input type="checkbox"/> Facebook <input type="checkbox"/> Walking By <input type="checkbox"/> Previous student <input type="checkbox"/> Letter Box Mail <input type="checkbox"/> CHPRSL Staff <input type="checkbox"/> Other		

**Client Declaration:**

I, (name) \_\_\_\_\_ understand that by signing below I agree that the details listed above are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ AND SIGN THE CONSENT FORM ON NEXT PAGE**

**CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES**

I \_\_\_\_\_  
(first, middle and last Name)

of \_\_\_\_\_  
(current residential address) (NSW) New South Wales

with date of birth \_\_\_\_\_

understand and agree that personal information (information or an opinion about me), collected from me, such as my name, Unique Student Identifier (USI), date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by **CHP School of Hospitality** may be disclosed to the Department of Education and Communities .

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with **CHP School of Hospitality** for the purposes of evaluation and assessing my subsidised training.

**PRINT FULL NAME OF STUDENT:** \_\_\_\_\_

**SIGNATURE OF STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\* Appendix (next page)**

## \*\* APPENDIX - Additional Evidence Requirements

If you are currently a:

Welfare recipient	Permanent resident	Humanitarian visa holder	Disability assessed	Social housing recipient
-------------------	--------------------	--------------------------	---------------------	--------------------------

A copy of the following additional evidence is required:

Eligibility Requirement	Evidence Required
<b>Citizenship</b>	<p><u>One</u> of the following must be sighted or collected:</p> <ul style="list-style-type: none"> <li>• Australian or New Zealand birth certificate or</li> <li>• Australian or New Zealand Passport or</li> <li>• Green Medicare Card or</li> <li>• Naturalisation Certificate</li> </ul>
<b>Permanent resident</b>	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> <li>• Passport &amp; use the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) facility to confirm status as Australian permanent resident</li> <li>• Green Medicare Card</li> </ul>
<b>Humanitarian Visa holder (Refugee or Asylum Seeker)</b>	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> <li>• Relevant visa documentation/VEVO Report or</li> <li>• ImmiCard (where appropriate)</li> </ul> <p><i>*Note: If a Bridging Visa holder, the student must provide a document from the Department of Immigration and Border Protection acknowledging application for a humanitarian visa.</i></p>
<b>Welfare recipient</b>	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and the benefit/allowance category you receive such as:</p> <ul style="list-style-type: none"> <li>• Current Concession Card or</li> <li>• Letter from Centrelink confirming receipt of the benefit or</li> <li>• Income Statement from Centrelink or</li> <li>• Approval letter from Centrelink that indicates the commencement date of your benefit (must be within two weeks of your enrolment)</li> </ul>
<b>Disability Support Pension:</b>	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and clearly states the student is receiving the Disability Support Pension:</p> <ul style="list-style-type: none"> <li>• Current Concession Card (with the letters <b>DSP</b> on the bottom of the card) or</li> <li>• Letter from Centrelink confirming receipt of the Disability Support Pension or</li> <li>• Income Statement from Centrelink</li> </ul>
<b>Disability Assessed</b> <i>(If the Student is not receiving the disability support Pension please provide.)</i>	<p>A letter or statement supporting a clear additional need as a result of the student's disability from:</p> <ul style="list-style-type: none"> <li>➤ A medical practitioner</li> <li>➤ An appropriate government agency (e.g. Veteran Affairs, TAFE NSW teacher consultant, School counsellor/special education coordinator, Centrelink, Disability Service Provider, Job Capacity Assessor, or</li> <li>➤ Specialist allied health professional (Including: a rehabilitation counsellor, psychologist, speech pathologist or occupational therapist).</li> </ul>
<b>Dependent of Welfare recipient</b>	<ul style="list-style-type: none"> <li>• If the student is a dependent child, spouse or partner of a welfare recipient or Disability Support Pension or Social Housing with Commonwealth Welfare Recipient Status you will need to also provide evidence that Centrelink recognises the student as dependent.</li> </ul>
<b>Social Housing recipient</b>	<ul style="list-style-type: none"> <li>• Evidence of Commonwealth Recipient Status</li> </ul>
<b>Home Schooled Students</b>	<ul style="list-style-type: none"> <li>• Copy of current certificate of home-schooling registration, which clearly indicates the period for which the student will be home schooled</li> </ul>