

To be eligible for an exemption from the Smart & Skilled/government subsidised Student Fee you must meet one of the eligibility criteria listed below on this form.
You must be receiving the relevant entitlement at the time of enrolment in training. No other grounds will be recognised.
Note: Exemptions are only available to learners who meet the eligibility requirements under Smart & Skilled and who are enrolled in government subsidised training

Family Name:	Given Name/s:
Student ID:	Date of Birth:(dd/mm/yyyy) / /
Course:	Email Address:
Postal address:	Town: Post Code:
Telephone:	Mobile:
Submission Date:	

I seek full exemption from the student fee. (Please tick box A, B, C or D below).

A. I am an Australian Aboriginal and/or Torres Strait Islander (ABIN)

Definition of Australian Aboriginal or Torres Strait Islander: A person of Australian Aboriginal and/or Torres Strait Islander descent, who identifies as an Australian Aboriginal and/or Torres Strait Islander, and is accepted as such by the community with which he or she is associated.

Note 1: If you are applying for a Student Fee exemption on the basis that you are Aboriginal and/or Torres Strait Islander you must indicate this on your enrolment form. You must also live or work in NSW or live in identified border postcodes.

By signing this exemption application form you consent to Australian Agricultural Training:

recording you as being an Aboriginal student (and if appropriate, changing any personal information you have previously provided

using this information for reporting purposes only

B. I am a person with a disability, requiring training support needs, and a client of a Teacher/Consultant for Students with Disabilities or specialist professional (DSA1).

Application for fee exemption under this category, it is confirmed the student has training support needs related to their disability and supported by:

Name of Teacher//Delegated Officer:

Signature: of Teacher//Delegated Officer:.....

Date:

Documentary evidence is required to support this request. A letter from a Teacher / Consultant or others as identified on the following of this form, stating that you are a person with a disability with training support needs related to your disability and a current client of this professional may alternatively be attached and used to support your application for the Student Fee exemption.

C. I am currently receiving a Disability Support Pension (Centrelink/Veterans' Affairs) (DSP1).

Appropriate evidence to support your application under this entitlement is listed on the following of this form.

Note 1: If you are applying for a Student Fee exemption because you are receiving the Disability Support Pension (Centrelink/Veterans' Affairs) you are requested to indicate your disability, impairment or long-term condition on your enrolment form and/or during the on-line enrolment process by signing this exemption application form you consent to Australian Agricultural Training:

recording you as being a person with a disability, impairment or long-term condition (and if appropriate, changing any personal information you have previously provided) using this information for reporting purposes only.

D. I am a dependent child, spouse or partner of a recipient of the Disability Support Pension (Centrelink/Veterans' Affairs).

Please indicate dependency status:

- Dependent Child of a Disability Support Pension Beneficiary (DCH1)
- Dependent Spouse or Partner of a Disability Support Pension Beneficiary (DPA1)

Note 1: Evidence that the Entitlement provider accepts the child/spouse/partner as a dependant must be sighted/provided

CRN/DVA/Entitlement reference no. if applicable:

Valid to: day month year

Is this your first exemption for 2016 Yes No

If no, for what qualification did you receive an exemption.....

Note: ATSI learners must meet the relevant Smart & Skilled eligibility and entitlement requirements to be enrolled in a Skills List/government subsidised qualification and be then eligible for a fee exemption. Exemptions are not transferrable.

Note: Your CRN /DVA will be validated with Centrelink as part of the enrolment process

LIST OF APPROPRIATE EVIDENCE TO SUPPORT YOUR APPLICATION

Endorsement of this application form by a Delegated Officer or Teacher/Consultant for Students with disabilities or a letter from a Teacher/ Consultant for Students with Disabilities, a medical practitioner, a school counsellor or special education coordinator, a Disability Service Provider or Job Capacity Assessor, or a specialist allied health professional (including rehabilitation counsellor, psychologist, speech pathologist or occupational therapist) stating that, at time of enrolment, you are a person with a disability with training support needs related to your disability and a current client of this teacher consultant or specialist professional.

Department of Veterans' Affairs Gold Repatriation Health Card indicating that you are in receipt of an Extreme Disablement Adjustment (EDA) or Total and Permanent Incapacity (T&PI) payment

A current Department of Human Services (Centrelink) Income Statement (may be via a DHS/Centrelink Express Plus mobile app).

The validation of your CRN to Centrelink as part of the enrolment process

Evidence that the benefit provider currently accepts you as the dependant child, spouse or partner of a beneficiary receiving a benefit or allowance.

Note 1: A Department of Human Services (Centrelink) Health Care Card is not acceptable proof of current beneficiary status.

Note 2: Entitlement- in the context of this form means a Department of Human Services (Centrelink) or Department of Veterans' Affairs benefit, pension, payment or allowance.
Note 3: Exemption from the S&S/government subsidised Student fee is determined at time of enrolment. If your circumstances change after enrolment, this will not change your fees for your course enrolment.

APPLICANT'S DECLARATION

1. I declare that the information provided by me on this form is to the best of my knowledge true and correct
2. I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies or their successors in connection with Australian Agricultural Training Pty Ltd registration and/or compliance audits as required by legislation
3. I hereby declare that all details in this application are true and accurate and that should any such statements and/ or representations prove later to be false, any decision made may be reversed and I will be required to pay appropriate fees without delay.
4. I do hereby certify that this application has been completed by me personally

Applicant Signature: _____

Date: ____ / ____ / _____

LEARNER PRIVACY

Australian Agricultural Training complies with the Privacy Act 1988 (Commonwealth). This policy describes how Australian Agricultural Training collects, manages, uses, discloses, protects, and disposes of personal information in accordance with the thirteen Australian Privacy Principles (APPs) outlined in Schedule 1 of the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Australian Agricultural Training will not disclose your personal information without your consent unless Australian Agricultural Training is under a legal obligation to do so. By signing this application it is understood that you have read this statement and agree to the use and disclosure of your personal information as detailed in this form. Full details of AAT policy can be found on the following website <http://aussieagtraining.com>

OFFICE USE ONLY

Proof of Entitlement/Client of a Teacher/Consultant for Students with Disabilities /identified professional status must be sighted and verified before approval is granted.

Child, Spouse or Partner of a Disability Support Pension beneficiary refers to persons who are dependent on a person who is currently receiving the Disability Support Pension (Department of Human Services (Centrelink) or the Department of Veterans Affairs). They are eligible for the Smart & Skilled/government subsidised Student Fee exemption on showing proof of their dependency status Proof of Entitlement status must be sighted and verified before approval is granted.

Delegate's decision **Approved: Yes** **No**

Reason for non-approval:

DELEGATE'S SIGNATURE:

DELEGATE'S TITLE:

Date: ____ / ____ / _____