Education and Training



Skilled Capital* application form

Office use only	Skilled Capital information entered into RTO Data	AVETAR Contract Number:		
Office	Actioned by: ETU member	Contract number		

Please complete **all** areas of this form. This form can be completed digitally or neatly using blue or black pen. Please note that we are unable to finalise your enrolment until you have provided all required information and supporting evidence for your eligibility.

Personal details

Note: Your name and date of birth must match your enrolment form.

First name	Your first name	Middle name	Your middle name, if any
Last name	Your last name	Date of birth	DD/MM/YYYY

Study information

What course do	☐ CHC30121 Certificate III in Early Childhood Education and Care
you want to enrol in for your Skilled	□ CHC50121 Diploma of Early Childhood Education and Care
Capital funding?	

Enrolment checklist

To be eligible for Skilled Capital funding, you must, at the time of enrolment, be:

- an Australian citizen, permanent resident, or New Zealand passport holder resident for more than 6 months, or
- a person who hods a visa that is identified as being eligible <u>Eligible Visa Holders Skills</u> (act.gov.au), and
- living or working in the ACT, and
- at least 15 years of age, and
- not enrolled in or attending secondary school or college except where the student:
 - i. is undertaking a course of study leading to completion of year 12 in an alternative program, or
 - ii. has an Exemption Certificate and the selected Skilled Capital qualification is an approved ASBA pathway.

For details on eligible visas or any other inquiries on eligibility requirements, please email the <u>YWCA</u> Canberra Education and Training team email or call 02 6185 2000.

^{*}Skilled Capital is an ACT Government Funded Training Initiative

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Required evidence to support enrolment	Attached	Office use: confirmation of receipt. Staff member to sign and date.
Proof of Australian residency: Australian citizen: birth certificate, Australian passport, or green Medicare card permanent resident: copy of visa or green Medicare card New Zealand passport		
copy of eligible visa. Proof of living or working in the ACT		
Proof of age (such as driver's licence or birth certificate)		
Copy of any health care card or pension card		
Copies of previously completed qualifications		
Proof of job seeker status		

Student declaration

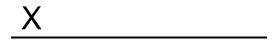
By ticking the following statements and signing this form, I declare that I have honestly and accurate	y
provided information contained within the application form. I declare:	

☐ I have re	ead, und	lerstood,	and co	mpleted	all the	details	of this	form	and ha	ave been	given	the
opportunity	to ask	any ques	stions a	bout the	conter	t or co	urse pr	ior to	signing	g this agr	eemei	nt.

□ I have read and understood the requ	uirements of the course a	as specified in the c	ourse information and
the terms and conditions as set out in t	the Student Handbook.		

Full name: Your full name

Signature:



DATE: ___/__/20_

Office use only			
Version number	Version date	Review due	Changes
1	November 2020		
2	November 2021	February 2024	Changes funding title and eligibility criteria