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Please print and complete or download Acrobat Reader to digitally complete this form, and email to enrol@monarch.edu.au				
Name:		Surname:		
Phone:		Email:		

IMPORTANT Please go to the Monarch Institute website to determine your eligibility for Government Funding at www.monarch.edu.au/government-funding. If you are eligible for Government Funding, you are required to do two things:

1. Complete this declaration form digitally or complete with a pen and sign.

AND

2. Provide Monarch with required evidence of eligibility (see acceptable evidence below)

To receive government funding you must email copies of these documents to enrol@monarch.edu.au. Monarch will check your eligibility through a secure government documentation verification service. If the verification service is unable to verify your documents then you will be requested to provide certified copies either in person or via Australia Post. Emailed evidence will NOT be accepted in these circumstances.

Please don't hesitate to contact us on 1300 738 955 if you require any assistance.

Evidence required - Citizenship/PR

You must provide one of the following to confirm your citizenship or permanent residency:

- a current green Medicare Card
- an Australian birth certificate (not birth extract)
- a current Australian passport
- a current New Zealand passport
- New Zealand Birth Certificate
- New Zealand Citizenship Certificate
- Australian citizenship certificate
- · Australian Certificate of Registration by Descent

- a proxy declaration for individuals in exceptional circumstances as per Clause 2.14–2.18 of the eligibility guidelines
- Confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.
- Confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard





Training Location

Evidence required - Victorian approved training location

You will need to provide one of the following to confirm your current postcode. Alternate evidence may be accepted.

- Victorian Driver's License/learner permit
- Lease/rental contract, rates notice
- Electricity, gas or telephone bill (< 3 months old)
- Bank statement

Any postcode in Victoria or an approved border town postcode as listed:

NSW	SA
2546	5262, 5263
2548 - 2551	5267 - 5272
2625 - 2633	5277 - 5279
2640 - 2648	5290 - 5291
2650, 2651, 2653, 2655, 2656	5302 - 5304
2658 - 2660	5311, 5333, 5340
2700, 2707	5342 - 5345
2710 - 2717	
2720	

2730 - 2739

Evidence required - Concession (if applicable)

We can accept the following evidence of concession:

- · Pensioner concession card
- Health care card
- · Veterans Gold card





Please complete this section if you are under 24 years of age. Otherwise, move onto 'Education History'.
Enter your VSN (if known) :
If unknown, have you attended a Victorian school since 2009? No Yes, and
the most recent school attended was:
OR
Have you done any training with a Vocational Education and Training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?
No Yes, and the training organisation/s are:
1
2
3
Would you describe yourself as belonging to any of the following cohorts?
(You can select up to 3 cohorts)
AS - Asylum seeker
FS - Learner facing financial stress
HS - Head start apprentice/trainee
JV – Jobs Victoria Employment Network client
JV – Jobs Victoria Employment Network client LN – A learner with literacy, numeracy and digital literacy needs RW – Retrenched worker RC – Reconnect program student
RW - Retrenched worker
RC - Reconnect program student
VT - Veteran
WR – Woman returning to work
NNNNN - No specific cohort



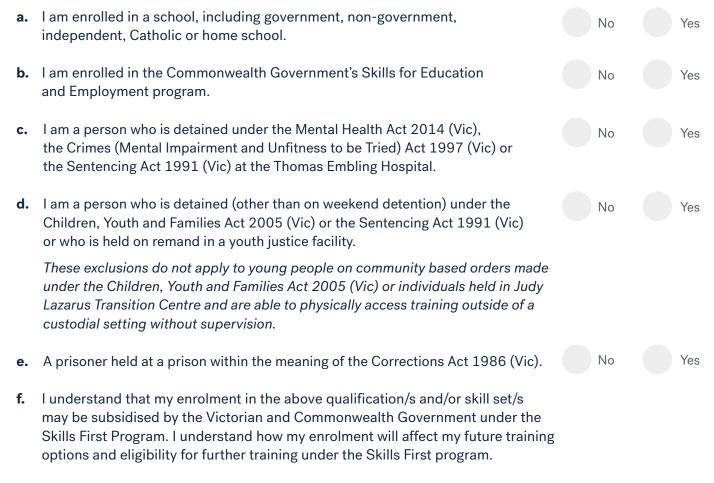


Education History

Are you doing, or have you done any other Skills First training in 2025? Select your response.					
No Yes, write the course name(s) below. Include training you haven't started yet					







- **g.** I acknowledge and understand that I may be contacted by the Department of Jobs, Skills, Industry and Regions to participate in a survey or interview.
- h. I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.
- i. I understand that I must be physically present in Victoria or an approved border town postcode at all times in which I am undertaking training and assessment.

Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Jobs, Skills, Industry and Region (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

Monarch Institute is required to provide the Department with student and training activity data. This includes personal information collected in the Monarch Institute enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

Monarch Institute provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: DJSIR website:

www.vic.gov.au/training-data-collection

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate.

The data may also be subject to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which maybe relevant to the services provided to the student.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth

and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact Monarch Institute's Privacy Officer in the first instance by phone 1300 738 955 or email info@monarch.edu.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to the Department of Jobs, Skill, Industry and Regions website: www.djsir.vic.gov.au/privacy

For further information about Unique Student Identifiers, including access, correction and complaints, go to: www.usi.gov.au/documents/privacy-notice.

Student declaration					
I, (student's full name)					
am seeking to enrol in: (write the co	de and full title of the qualification/s):				
I declare that all the statements I have made in this form are true and accurate statements and I acknowledge that I have read the Victorian Government's VET Student Privacy Enrolment Notice.					
MUST SIGN Please print and sign this page.					
Student signature:		Date:			
If under 18 years of age.		Date:			





I have sighted and retained

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the below document/s by verifying through the Document Verification Service (DVS) after it has connected to the Commonwealth Government's Document Verification Service (the DVS) to verify the details an individual has entered into an online enrolment form or provided to the training provider; and confirming via securely logging in to the administrative platform provided by the Gateway Service Provider: the type of document the individual entered into the online enrolment form and that it is an accepted form of evidence of eligibility and concession (if applicable); and that the Gateway Service Provider has verified that an individual's name and date of birth matches a valid and current document number in the DVS.

I have retained a transaction record that can be viewed by securely logging in to the administrative platform provided by a Gateway Service Provider, that identifies that an accepted form of eligibility and concession (if applicable) evidence was checked and confirms that the individual's name and date of birth were verified to match a valid and current document number in the DVS.

- an original of the below eligibility and concession (if applicable) documents
- the certified copy of the below eligibility and/or concession (if applicable) documents
- relying on evidence sighted and retained as part of a previous enrolment
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device or MyGov mobile application.
- verifying through VEVO, and viewing supporting evidence, if required.

Evidence sighted and retained

Citizenship:

Current Green Medicare card New Zealand Birth Certificate

Australian Birth Certificate New Zealand Citizenship Certificate (not Birth Extract)

Confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence **Current Australian Passport**

AND the student's foreign passport or ImmiCard **Current New Zealand Passport**

A proxy declaration for individuals in exceptional circumstances as per Clauses 2.14-2.18 Australian Citizenship certificate of the Guidelines

Australian Certificate of Confirmation that the student meets the eligibility **Registration by Descent** criteria for the Asylum Seeker VET Program





Concession:					THIS PAGE IS OFFICE USE ONLY	
Not applica	able	Pensioner Concession	n Card	Asylum Seeker		
Health Care	e Card	Veterans Gold Card		Indigenous Compl	etions Initiative	
A dependent spou	se or dependent	child of the card holder is	also entitled t	o the Fee concession		
Training Provide	Training Provider Declaration					
Eligibility exempt	ion granted			Yes		
by the student in this the VET Funding Cont the Skills First Progra Australia, or eligible fo	Based on discussion with the student; the above evidence I have sighted (and retained a copy of); and the information provided to me by the student in this form; I believe that the above individual satisfies the Skills First Entitlement eligibility requirements as set out in the VET Funding Contract (the Contract) and the Guidelines About Eligibility (the Eligibility Guidelines) and is eligible for funding under the Skills First Program for the following program because they are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program; are not enrolled in a school; and will not be commencing more than 2 Skills First AQF qualifications in the same year or doing more than 2 Skills First programs at the same time.					
Qualification:	ualification:					
		d retained relevant evidence re irt C of Schedule 1 of the Conti		an exemption from eligibility	requirements	
complete. By signing t	I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed all sections of this form and have confirmed they have been completed in full.					
Authorised Train	ing Provider d	elegate:				
Name:			Position:			
Signed:				Date:		
Notes Use this section to						
record additional, relevant eligibility information, including	Ap	Applicable – enter notes below				
information used by the Training Provider to verify the individual's eligibility that is not captured in the form.	Notes:					