

ELIGIBILITY CHECKLIST

1. EMPLOYER DETAILS (PLEASE PRINT CLEARLY)			
COMPANY NAME:		TOTAL YEARS IN BUSINESS:	TOTAL NO EMPLOYEES:
CONTACT PERSON:	PHONE:	EMAIL:	
ADDRESS:			
FOR PROFIT OR NOT FOR PROFIT? (specify) which:		ACN / ABN:	

2. AUSTRALIAN PARTICIPANT DETAILS (PLEASE PRINT CLEARLY)		
FIRST NAME:	SURNAME:	DATE OF BIRTH:
COURSE/QUALIFICATION:		
EMAIL:		PHONE:

3. AUSTRALIAN PARTICIPANT HISTORY		
PREVIOUS / CURRENT TRAINING		
WHAT IS YOUR HIGHEST LEVEL OF SCHOOL COMPLETED?:	YEAR COMPLETED:	
HAVE YOU <u>EVER</u> SUCCESSFULLY COMPLETED ANY QUALIFICATIONS?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES TICK THE APPROPRIATE BOX(S) BELOW AND SPECIFY TYPE OF QUALIFICATION(S) AND YEAR COMPLETED		
<input type="checkbox"/> BACHELOR/DEGREE OR HIGHER DEGREE	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> ADVANCED DIPLOMA OR ASSOCIATE DEGREE	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> DIPLOMA OR ASSOCIATE DIPLOMA	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> CERTIFICATE IV OR ADVANCED CERTIFICATE/TECHNICIAN	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> CERTIFICATE III OR TRADE CERTIFICATE	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> CERTIFICATE II	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> CERTIFICATE I	SPECIFY:	YEAR COMPLETED:
<input type="checkbox"/> CERTIFICATES OTHER THAN ABOVE	SPECIFY:	YEAR COMPLETED:
CURRENTLY UNDERTAKING ANY OTHER STUDY? <input type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE DETAILS) :		
CURRENT EMPLOYMENT STATUS:		
<input type="checkbox"/> FULL TIME EMPLOYEE	<input type="checkbox"/> PART TIME (number hours worked)	<input type="checkbox"/> CASUAL
LENGTH OF EMPLOYMENT: _____ Years _____ Months	DATE EMPLOYMENT COMMENCED: _____	
FULL TIME DATES:	PART TIME DATES:	CASUAL DATES:
CITIZEN / ADDITIONAL DETAILS		
ARE YOU?		
<input type="checkbox"/> AUSTRALIAN CITIZEN/PERMANENT RESIDENT		
<input type="checkbox"/> NEW ZEALAND PASSPORT HOLDER IN AUSTRALIA FOR 6 MONTHS OR MORE		
<input type="checkbox"/> TEMPORARY VISA HOLDER? (Provide details): _____		
<input type="checkbox"/> OTHER (IF OTHER WHAT IS YOUR VISA SUB CLASS NUMBER): _____		
<input type="checkbox"/> INDIGENOUS OR TORRES STRAIT ISLANDER		
<input type="checkbox"/> DISABILITY SUPPORT RECIPIENT		

Please advise my **potential** eligibility to attract incentives / funding to assist with my training program

Signature Date

Assessment for possible Australian Government Incentive eligibility is based on details provided on this Eligibility Checklist. Many factors affect eligibility for Australian Government Incentives and final verification of incentive eligibility cannot be confirmed until the Training / Funding contract is approved.

Note: The preliminary advice of eligibility to access Commonwealth Incentives provided herein is subject to undertaking a full assessment of eligibility criteria. ALA makes no representation about the accuracy or suitability of the information provided. All information is provided 'as is' without express or implied warranty. Government Funding / Incentive Guidelines are subject to change at any time without notice.