



# Targeted Skills for Small Business (TSB) 2024-2025

## APPLICATION FOR ENROLMENT

### A. EMPLOYER'S DECLARATION – Employer to complete

<b>Employer Name:</b>	Title: Mr/Mrs/Miss/Ms/Other.....		
	First/Given Names:		
	Surname:		
<b>Business Name:</b>			
<b>ABN:</b>			
<b>Address:</b>	Street Address:		
	Town:	State:	Postcode:
<b>Phone Numbers:</b>	Work:	Mobile:	
<b>Email Address:</b>	Email:		

A student is eligible for the TSB Funding Stream if the student:

- a) does not meet any ACE criteria **AND**
- b) is either; (please check one of the boxes below)
  - the owner of a small business (less than 20 full time equivalent employees, **OR** less than 200 full time equivalent employees if the business' primary operation is in a regional or remote location)
  - OR**
  - the employee of a small business or not-for-profit organisation

**BUSINESS OWNER NAME:** \_\_\_\_\_

I acknowledge that checking this box and emailing this form to NBMC is my declaration that the information given by me on this form is true and correct in all regards. I can provide supporting evidence if required. Please enrol myself and/or my employee, as listed over the page, in the nominated course(s).

Date:

**OR**

I acknowledge that my signature below is my declaration that the information given by me on this form is true and correct in all regards. I can provide supporting evidence if required. Please enrol myself and/or my employee, as listed over the page, in the nominated course(s).

SIGNATURE: \_\_\_\_\_ Date:



(5) Of the following categories, which BEST describes your current employment status? (Tick one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> Full time employee                   | <input type="checkbox"/> Part time employee               |
| <input type="checkbox"/> Self employed (not employing others) | <input type="checkbox"/> Self employed (employing others) |

(6) What is your highest COMPLETED school level?

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Year 12         | <input type="checkbox"/> Completed Year 11         |
| <input type="checkbox"/> Completed Year 10         | <input type="checkbox"/> Completed Year 9 or lower |
| <input type="checkbox"/> Completed Year 8 or below | <input type="checkbox"/> Never attended school     |

(7) In which YEAR did you complete that school level? .....

(8) Are you still attending secondary school?

- Yes  No

(9) Have you SUCCESSFULLY completed any of the following qualifications?

- Yes  No

If yes, please tick ANY applicable boxes

- |   |  |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree       | <input type="checkbox"/> Advanced Diploma of Associate Degree                |
| <input type="checkbox"/> Diploma (or Associate Diploma)         | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II                                      |
| <input type="checkbox"/> Certificate I                          | <input type="checkbox"/> Certificates other than the above                   |
| <input type="checkbox"/> No qualifications                      |  |

Were any of the above qualifications completed whilst still attending school?  Yes  No

(10) Do you consider yourself to have a disability, impairment or long-term condition?

- Yes  No

If yes, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Physical       | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Intellectual   | <input type="checkbox"/> Medical Condition         |
| <input type="checkbox"/> Learning       | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Mental Illness |  |

(11) Do you have a disability that requires assistance from NBMC in your learning environment?

If yes, please provide details:

.....

(12) Of the following categories, which BEST describes your main reason for undertaking this course?

- |   |  |
|---|--|
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get a better job or promotion    |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> Try for a different career       |  |

(13) How did you hear about this course?

- |  |  |
|--|--|
| <input type="checkbox"/> College brochure in letterbox | <input type="checkbox"/> Internet search         |
| <input type="checkbox"/> Referral                      | <input type="checkbox"/> Newspaper Advertising   |
| <input type="checkbox"/> College brochure from outlet  | <input type="checkbox"/> I am a previous student |
| <input type="checkbox"/> Facebook                      | <input type="checkbox"/> Instagram               |
| <input type="checkbox"/> Other social media            | <input type="checkbox"/> LinkedIn                |
| <input type="checkbox"/> Other .....                   |  |

## E. FUNDING ELIGIBILITY

### (1) Select your citizenship/residency status

- Australian Citizen
- New Zealand citizen
- Partner of a humanitarian visa holder

- Australian permanent resident
- Meet refugee or humanitarian visa requirements.
- Eligible asylum seeker

### (2) Please tick all those applicable

- I am a resident of NSW
- I am 15 years or older

- I live or work within NSW
- I am no longer at school

## F. APPLICANT'S DECLARATION

I have been advised that the College student handbook containing important information regarding my study at the College including fee information; consumer protection information; deferral or discontinuance of training; access to support and assistance and contact details for various support services and are available on the College website at [www.nbmc.nsw.edu.au](http://www.nbmc.nsw.edu.au). I understand that a hard copy of the handbook will be provided by the College on request.

I have been advised of the availability of the Credit Transfer and RPL process. I understand that if wishing to apply for credit transfer for any units of competency relevant to the training I wish to attend, the College requires either the original or a certified copy of the Certificate/Statement of Attainment and that the College will contact the issuing RTO for verification of its authenticity. Alternatively, if the qualification/Statement of Attainment has been issued since 1 January 2015, I understand that I will need to adjust controls in the USI Student Portal to give Northern Beaches and Mosman College and/or the NSW Department of Education permission to view my qualification/Statement of Attainment results.

**I confirm that I can provide evidence of my eligibility for the program on request, including one of the following:**

- an Australian or New Zealand birth certificate
- Australian or New Zealand passport
- Green Medicare Card
- Naturalisation Certificate
- for Aboriginal or Torres Strait Islander students - declaration/signature of proof of Aboriginality will be accepted as proof of citizenship
- If a Permanent Resident, Humanitarian Visa holder or partner of Humanitarian Visa Holder or an Asylum Seeker Applicant, I can provide a copy of Certificate of Evidence of Resident Status (CERS) or a Humanitarian Visa/ImmiCard/partner visa or Green Medicare Card or Asylum Seeker Application.

I have provided photo identification.

STUDENT FULL NAME: \_\_\_\_\_

I acknowledge that checking this box and emailing this form to NBMC is my declaration that the information given by me on this form and the supporting evidence supplied by me is true and correct in all regards.

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

Or

I acknowledge that my signature below is my declaration that the information given by me on this form and the supporting evidence supplied by me is true and correct in all regards.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: The consent form on page 5 must be completed for your enrolment to be processed.**

## G. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I, \_\_\_\_\_

(First, middle and last Name)

of \_\_\_\_\_

(current residential address)

With date of birth \_\_\_\_\_

understand and agree that, under the *National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020*, **Northern Beaches & Mosman College** is required to collect personal information (information or an opinion about me), collect from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by **Northern Beaches & Mosman College** for statistical, regulatory and research purposes.

**Northern Beaches & Mosman College** may disclose my personal information for these purposes to third parties, or any other purpose identified in NBMC Privacy Policy including, but not limited to:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW Department of Education (**Department**);
- NCVER;
- Organisations (including the Department) conducting student surveys; and
- Researchers

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside of 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 also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with **Northern Beaches & Mosman College** for the purposes of evaluating and assessing my subsidised training.

*Continued on page 6*

I declare that the information I have provided, to the best of my knowledge, is true and correct.

**PRINT FULL NAME:** \_\_\_\_\_

I acknowledge that checking this box and emailing this form to NBMC is my consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

**OR**

I acknowledge that my signature below is my consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

**SIGNATURE:** \_\_\_\_\_

*Note: If under 18 years of age at the time of giving consent, then consent of their guardian is required*

**Date:** \_\_\_\_\_

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

I acknowledge that checking this box and emailing this form to NBMC is my consent to all of the above.

**OR**

I acknowledge that my signature below is my consent to all of the above.

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Office use only

The eligibility requirements and consent to use and disclosure of personal information were read, by a college staff member, to a student who was unable to read.

Ticking this box indicates that the student has understood the requirements and consent.

Staff member name: \_\_\_\_\_ Date: \_\_\_\_\_

### Eligibility documents must be sighted by an NBMC staff member for:

- 1. Photo identity evidence AND
- 2. NSW residency evidence AND
- 3. Australian citizenship / residency / NZ citizenship / Visa status evidence AND
- 4. Declaration signed by employer

- |  | Other |
|--|-------|
| <input type="checkbox"/> 1. NSW drivers licence / identity card / passport (circle or record other) Exp date _____ | _____ |
| <input type="checkbox"/> 2. NSW drivers licence / identity card (circle or record other) Exp date _____            | _____ |
| <input type="checkbox"/> 3. Green Medicare card/ appropriate visa Exp date _____                                   | _____ |
| <input type="checkbox"/> 4. Declaration on page 1  |       |

### Other information about the student's eligibility

\_\_\_\_\_  
\_\_\_\_\_

### NBMC staff member declaration:

I declare that the information in this enrolment form and the supporting documentation has been provided to NBMC by the employer/student.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_