

**Consent for use and disclosure of personal information to the
Department of Education and Communities, and other Government
Agencies.**

I _____
(First, middle and last name)

of _____
(Current residential address)

with date of birth ____ / ____ / ____

understand and agree that personal information (information or an opinion about me), collected from me, my parents or guardian, such as my name, Unique Student Identifier (USI), date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together with **Personal Information**) collected by First Impressions Resources Pty Ltd (**Provider**) may be disclosed to the NSW Department of Industry (**Department**).

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside 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 consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

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 First Impressions Resources Pty Ltd for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME _____

SIGNATURE _____ **DATE** ____ / ____ / ____
(Note: If under 18 years of age at the time of giving consent, then guardian consent is required)

FULL NAME OF GUARDIAN _____

SIGNATURE OF GUARDIAN _____ **DATE** ____ / ____ / ____

ELIGIBILITY APPLICATION

First Name: _____ **Middle Name:** _____

Last Name: _____ **Date of Birth:** ____ / ____ / ____

Please provide your USI Number (compulsory): _____

(To obtain your USI if you do not already have one, please visit - <http://www.usi.gov.au/Pages/default.aspx>)

Qualification applied for (please tick):

- | | |
|--|--|
| <input type="checkbox"/> Certificate II in Retail Services | <input type="checkbox"/> Certificate II in Community Pharmacy |
| <input type="checkbox"/> Certificate III in Retail Operations | <input type="checkbox"/> Certificate III in Community Pharmacy |
| <input type="checkbox"/> Certificate IV in Retail Management | <input type="checkbox"/> Certificate IV in Community Pharmacy |
| <input type="checkbox"/> Certificate IV in Leadership and Management | <input type="checkbox"/> Certificate III in Business |
| <input type="checkbox"/> Diploma of Leadership and Management | |

"This training is subsidised by the NSW Government"

As the student, are you living in NSW social housing; or are you or your household on the NSW

Housing Register?..... [] YES [] NO

Are you of Aboriginal or Torres Strait Islander descent?..... [] YES [] NO

Do you have a disability?..... [] YES [] NO

Are you a recipient of disability support pension and/or Assessed by specialist support professional as a student with disability [] YES [] NO

Are you, or are you a dependent child or spouse of a welfare recipient? [] YES [] NO

Please specify type of welfare _____

Are you over 15?..... [] YES [] NO

Are you at School?..... [] YES [] NO

If Yes, what School and Year level? School: _____ Year: _____

Do you live or Work in NSW..... [] YES [] NO

Are you an Australian citizen or Australian permanent resident or humanitarian visa holder or New Zealand citizen?..... [] YES [] NO

Have you completed any other Smart & Skilled qualification this calendar year? [] YES [] NO

If YES – Please name Qualification(s) _____

Are you a NSW apprentice or trainee?..... [] YES [] NO

I understand that this application doesn't guarantee me a place in the Smart and Skilled program until I am sent an official confirmation email and letter..... [] YES [] NO

If you need any support to complete the above, please contact First Impressions Resources on 1800 644 332