QMS105_33 - OBJECTION TO RETENTION OF ELIGIBILITY EVIDENCE

To be completed by an Authorised Delegate where an applicant objects to Chisholm retaining their Skills First Program eligibility evidence due to Privacy reasons (NOTE: Where the applicant has requested a HELP loan, any evidence used for that purpose MUST be retained and cannot be opted out of)

(Attach to enrolment forms)

Student details

Student ID Number ☐☐☐☐☐☐☐☐☐☐

Student Name:

Family Name _____

Given Name (s) _____

I object to Chisholm retaining my evidence of eligibility for the Skills First Program due to privacy reasons.

Student Signature ☐ **Date** _____

In relation to this student, I have sighted ONE of the following:

- ☐ Australian Birth Certificate (not Birth Extract)
- ☐ Current Australian Passport
- ☐ Australian Citizenship Certificate
- ☐ New Zealand Birth Certificate
- ☐ Current New Zealand Passport
- ☐ New Zealand Citizenship Certificate
- ☐ Current **GREEN** Medicare card
- ☐ Australian Certificate of Registration by Descent
- ☐ Confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard

OR **ASYLUM SEEKERS VET (ASVET) Program**

- ☐ a *Referral to Government Subsidised Training—Asylum Seekers' form* issued by the Asylum Seeker Resource Centre or the Australian Red Cross
- ☐ confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program

Eligibility to participate in the Asylum Seeker VET Program is for individuals or dependents of individuals who:

- *Hold any humanitarian, protection, or refugee visa in Australia, or*
- *Have applied for a humanitarian, protection or refugee visa, and hold a bridging visa for this purpose.*
- *Have made an application under s.417 or s.48b of the Migration Act 1958 (Cth) which is yet to be determined and hold a bridging visa.*

Individuals must have study rights, and work rights are required for programs that include work placement.

Name of Authorised Delegate (Chisholm Staff Member) _____

Date Sighted _____

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