

VET STUDENT LOANS ELIGIBILITY ASSESSMENT

STUDENT NAME: FIRST NAME MIDDLE NAME(S) LAST NAME

STUDENT ID NUMBER: EMAIL:

I PROVIDE EVIDENCE TO SUPPORT THAT:

- I am an Australian Citizen PROOF OF SIGHTED
- OR**
- I have a Humanitarian Visa VISA CLASS:
- New Zealand Special Category Visa holder. (Subclass 444) and I have completed the supplementary information on the reverse of this form.
- I have provided a Tax File Number or Certificate of Application for Tax File Number
- I have provided a USI (Unique Student Identifier)
- I have provided evidence of completion of a Year 12 Certificate of Education

I CERTIFY THAT:

- I have not exceeded the maximum amount that can be borrowed on VET Student Loans
- I have read and understood the 2017 VET Student Loans information booklet
- I understand that a VET Student Loan is a loan that is expected to be repaid to the Australian Taxation Office and non-payment impacts my credit rating
- I understand that the **census date** may differ for units I am enrolled into
- I understand that the **census date** is the last date I can formally withdraw from my enrolment so as not to incur a debt
- I will not exceed the maximum amount that can be borrowed for VET Student Loans
- I understand that if I have enrolled into a course that is offered flexibly, then the enrolment date becomes my start date
- I have completed the 'Request for VET Student Loan Assistance Form'
- A parent/guardian has provided authorisation for a VET Student Loan (only required for students under 18)
- Under 18 who are independent and has provided a Centrelink income statement

STUDENT AUTHORITY

I certify that the information provided in support of my request for VET Student Loan is correct to the best of my knowledge. I understand that it is an offence to provide false or misleading information. I have read and understood the VET Student Loan information booklet. I understand that I may wish to seek independent financial advice prior to applying for a VET Student Loan.

SIGNATURE

LOAN APPLICATION CONFIRMED DATE: TIME:
(CONFIRMED ENROLMENT DATE + 2 BUSINESS DAYS)

OFFICE USE ONLY

I HAVE SIGHTED ALL REQUIRED EVIDENCE INIT: DATE:

STUDENT CHESSN NO:

SUPPLEMENTARY EVIDENCE: New Zealand Special Category Visa holder (Subclass 444)

I PROVIDE EVIDENCE TO SUPPORT THAT:

- I am a Citizen of New Zealand
- I hold a special category visa under the Migration Act 1958 and

PROOF OF SIGHTED

I CERTIFY THAT:

- I first began to be usually resident in Australia at least 10 years before today
DATE RESIDENCY COMMENCED: MONTH YEAR
- I was a dependent child when I first began to be usually resident in Australia
DATE OF BIRTH: **AGE AT RESIDENCY:**
- I have been in Australia for a period of, or for periods totalling 8 years during the 10 years immediately prior to today

PLEASE LIST PREVIOUS ADDRESSES FOR THE LAST 10 YEARS:

ADDRESS 1: <input type="text"/> DATES AT THIS ADDRESS: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> TO MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	ADDRESS 2: <input type="text"/> DATES AT THIS ADDRESS: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> TO MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
ADDRESS 3: <input type="text"/> DATES AT THIS ADDRESS: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> TO MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	ADDRESS 4: <input type="text"/> DATES AT THIS ADDRESS: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> TO MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>

- I have been in Australia for a period of, or for periods totalling 18 months during the last 2 years prior to today

PLEASE LIST ANY PERIODS OF ABSENCE FROM AUSTRALIA IN THE LAST 2 YEARS

YEAR <input type="text"/>	MONTH <input type="text"/>	TIME ABSENT FROM AUSTRALIA <input type="text"/>
YEAR <input type="text"/>	MONTH <input type="text"/>	TIME ABSENT FROM AUSTRALIA <input type="text"/>
YEAR <input type="text"/>	MONTH <input type="text"/>	TIME ABSENT FROM AUSTRALIA <input type="text"/>

STUDENT AUTHORITY

I certify that the supplementary information provided in support of my status as a NZ Special Condition visa holder is to the best of my knowledge correct. I understand that it is an offence to provide false or misleading information.

SIGNATURE

DATE

POST
Service Skills Academy
46 Thorn Street
Kangaroo Point QLD 4169

EMAIL
enrol@ssa.edu.au

ENQUIRIES
1800 552 869

OFFICE USE ONLY

I HAVE SIGHTED ALL REQUIRED EVIDENCE

INIT: DATE:

REQUIREMENTS FOR SPECIAL CATEGORY VISA MET: YES NO

COMMENTS: