# Application for Exemption as a person under the Guardianship of the Minister

Individuals aged 16 years or older who are or have been under a Guardianship Order of a government Minister in Australia, are eligible to access full training subsidy exemption/s for government subsidised courses on the Subsidised Training List, delivered by contracted Nominated Training Organisations (NTOs). To receive this exemption, the Guardianship order must be verified by the Department of Child Protection. The Guardianship order refers to the Guardian for Children and Young Persons under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* (SA).

When completed, please email this form to SkillsContracts@sa.gov.au

On approval, usual entitlement and eligibility criteria will apply for all enrolment applications with contracted NTOs, including any minimum entry requirements of the course.

If further assistance is required to complete this form, contact Skills SA on 1800 673 097

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Student details:Participant number (if available):

|  |  |
| --- | --- |
| First name |  |
| Middle name |  |
| Last name |  |
| Previous name (if applicable) |  |
| Date of birth |  |
| Postal address |  |
| Mobile |  |
| Email |  |
| Gender | [ ]  Male [ ]  Female |

Student Declaration:

By completing this application, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to the Minister to verify my eligibility, which will involve contacting other relevant government agencies.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***If the student is under 18***

Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal Use Only**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

Exemption Request Number:

As a representative of the Minister, I have assessed this application and confirmed the applicant’s guardianship status with the Department of Child Protection.

Approved [ ]  Not Approved [ ]

Representative name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_