



Application Form - Norfolk Island VET Financial Assistance

Student Details

Surname				
Middle Name				
First Name				
Address				
Telephone		Mobile N	Number	
Email				
If Student applying is	s under 18 years of age, details o	f parent o	or guardian	
Surname				
Middle Name				
First Name				
Address				
Telephone		Mobile Number		
Email				
Bank account details	for financial assistance to be de	posited in	1	
Name of Bank				
Account Name				
Bank Account Details	BSB		Account Nu	mber

VFT Course Details

(Please select / Le	Level 1 - Certificate I Level 2 - Certificate II Level 3 - Certificate III Level 4 - Certificate IV Full-time / Part-time	Level 5 – Di Level 6 - Ad Associate D	vanced Diploma or
(Please select / Le	Level 2 - Certificate II Level 3 - Certificate III Level 4 - Certificate IV	Level 6 - Ad	vanced Diploma or
-	Full-time / Part-time		
- (5)			
Type of Provider Te	Fechnical and Further Education	n (TAFE) / Registered T	raining Organisation (RTO)
Name of Provider			
Address of Provider			
Date Registered			
Date expected to commence		Date expected to complete	
Course can be applied to employment on Norfolk Island			

I egal	ll)ec	laration
LCDG		idi deloi

l,		
(Name)		
Of,		
(Full address)		
If relevant:		
Parent/Guardian of		
	(Name)	-

Confirm that:

- The information provided in this form and attachments is complete and correct.
- The Department of Infrastructure, Regional Development and Cities and PeoplePlus may perform procedures as the Department may determine are necessary for the assessment of this application.
- The training is job related and provides technical skills that can be applied to employment on Norfolk Island.
- I am not receiving any other Commonwealth or state or territory financial support towards the course (VET Student Loan are not considered financial support under this Initiative¹)

(Signature)	(Date)

¹ VET Student Loans www.education.gov.au/vet-student-loans

Conflict of Interest

Please complete Part I or Part II of the Declaration of Conflict of Interest

(Name)

Part I – No Known Conflict

I confirm that, at the date of this Application, other than those interests listed below, no conflict exists or is likely to arise that would prevent me from completing my nominated Vocational Education and Training or from entering into a Letter of Offer with PeoplePlus.

(Signature)	(Date)
If relevant:	
Parent/Guardian of	
(Name)	
Part II – Known Conflict	
I disclose the following interests:	
I undertake that if at any time I have an actual, apparent or pot	ential conflict of interest, then I will:
 Immediately notify PeoplePlus in writing of the conflict an otherwise deal with the conflict Make full disclosure to PeoplePlus of all relevant informa Take such steps as PeoplePlus may, if they choose to, readeal with the conflict. I understand that if I fail to notify PeoplePlus of any actual, apparable or unwilling to resolve or deal with the conflict as required may seek to terminate the Letter of Offer which relates to this and Any information discussed in this form will only be used by the 	tion relating to the conflict isonably require to resolve or otherwise arent or potential conflicts of interest or among the day the terms noted above, PeoplePlus application for VET financial assistance.
for the purposes of assessing applications and will be maintaine	•
(Signature)	(Date)
If relevant:	
Parent/Guardian of	