**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 Training Providers. 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’s Protection Act 1993.

When completed, this form can be sent electronically to skillscontracts@sa.gov.au or mailed to:

Department for Innovation and Skills

Contract Support Services

GPO Box 320

Adelaide SA 5001

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

If further assistance is required to complete this form, contact Contract Support Services on 1800 673 097

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|  |  |  |  |  |  |  |  |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Internal Use Only**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Exemption Request Number:

As a representative of the Minister for Innovation and Skills, 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: Team Leader, Contract Support Services

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