Flexible Learning Options

APPLICATION FOR EXEMPTION

**Version 4.3**

Updated December 2020

# FLO EXEMPTION PROCESS

Advice is available from the South Australian Skills Gateway website [www.skills.sa.gov.au](http://www.skills.sa.gov.au) and Infoline on 1800 673 097.

The exemption process must follow the steps in sequence as outlined below:

1. School FLO Coordinator counsel’s student (and parent/guardian) completes Part A.
2. FLO Case Manager completes Part B.
3. FLO Case Manager scans the entire FLO Application for Exemption form and emails to [DIS.SkillsContracts@sa.gov.au](mailto:DIS.SkillsContracts@sa.gov.au).
4. The Representative of the Minister assesses the application and scans and emails a copy of the processed application to the School FLO Coordinator and to the FLO Case Manager.
5. FLO Case Manager contacts training provider and arranges for student to meet with the training provider.
6. Training provider assesses student for suitability and completes Part C.

# STUDENT ELIGIBILITY

In addition to satisfying the FLO exemption eligibility requirements, the student must meet the below requirements:

* DE enrolled secondary student aged 16 or turning 16 years of age in year 11
* Is a FLO student
* Has an assigned FLO Case Manager
* Meets the minimum level of engagement on the Student Engagement Matrix

For more information please refer to the Frequently Asked Questions about FLO Applications for Exemption form, which can be found at the bottom of this website:

<https://providers.skills.sa.gov.au/Deliver/Training-school-students>

# STUDENT DETAILS

**Name of FLO student**: ………………………………………………………...………………………………………………

**Residential Address**: …………………………………………………………………………………………………………...

**Suburb/Town:** …………………………………………………… **State**: …………… **Postcode**: …….......……

**Date of Birth**: …………. /…………./…………. **Gender**: ❒ Male ❒ Female

**Name of School:** ……………………………………………………………………………………………………………….

**OFFICE USE ONLY –** to be completed by **Representative of the Minister**

This application has been assessed for the student named above in the subsidised Course and Training Provider as described in Part B.

❒ **Not Approved**

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❒ **Approved** Exemption Code:

**Name of Minister’s Representative**: …………………………………………………………………………………………

**Representative’s Position**: …………………………………………………………………………………………………….

**Signature**: …………………………………………………………………………. **Date**: ….…. /….……./………..

**PART A**:  **to be completed by School FLO Coordinator**

## A1: Contact details of School FLO Coordinator

**Name of School FLO Coordinator**:

**Phone**:……………………………………**Email**: …………………………………………………………………………

**Name of school**:

## A2: Requirements

Please initial to confirm the following requirements are understood and met:

❒ FLO Application for Exemption form has been completed and a copy is retained by the school.

❒ Student has the required minimum levels of engagement across the FLO Student Engagement Matrix.

❒ Student has expressed a commitment to undertaking and completing a full VET qualification.

❒ School accepts payment responsibility for associated course or materials fees where applicable.

❒ A Portfolio of Evidence of how the student arrived at their career pathway decision (e.g. “My career” section from the FLTP Portfolio) and other relevant information will be provided to the Training Provider to support the student’s application.

❒ The school has assessed the student and determined the student has appropriate language, literacy and numeracy (LL&N) skills needed to commence the VET qualification. Evidence of this has been included in the Portfolio of Evidence (e.g. PATR/M results, or other examples of the student’s LL&N capabilities).

**Please note:** If the student’s LL&N levels are not adequate to commence the course then the Training Provider may not accept the student and may refer the student to the school for further development of their LL&N skills.

If applicable, please initial and provide details:

❒ Student has a DECD assessed disability ………………………………………………………………………….

## A3: Declaration

As FLO Coordinator, I, ……………………………………..., declare that the student and school understand and agree to the requirements identified above and that all information provided in Parts A1 and A2 above are correct.

**Signature**: …………………………………………………………………………. **Date**: ….…. /….……./………..

**PART B**:  **to be completed by FLO Case Manager**

**B1: Contact details of FLO Case Manager**

**Name of FLO Case Manager**:

**Phone:**……………………………………**Email**: ………………………………………………………………….……………

**Name of employer/organisation**:

Please initial to confirm you have checked all the elements listed below:

**B2: Course in which student seeks to enrol**

**Course National ID**: …………….……**Course Name**: ……………………………………………… ……...………..

❒ the selected course has no conditions that preclude the student from undertaking the course in a subsidised training place (e.g. training contract only; quota or project)

❒ the selected course has no other conditions that diminish the potential of the course to provide a viable employment pathway (e.g. industry advisory bodies assert that the course is not age appropriate; there are award or industrial implications).

**B3: Training provider with whom student seeks to establish a subsidised training account**

**Name of Training Provider:** …………………………………………………….…………………….……….

**Location for delivery of the training as advised by training provider**: ……………………….……………………………

**B4: Declaration**

As FLO Case Manager, I, ……………………………………………., declare that the above information is correct.

**Signature**: …………………………………………………………………………. **Date**: ………. /….……./………..

**PART C: to be completed by the Training Provider**

**C1: Audit**

The Training Provider must retain this completed form and provide the Minister with a copy of the document if requested in accordance with the funding Contract.

*Please initial to confirm the following requirements are understood and met:*

**C2: Confirmation by the training provider**

❒ Suitability of the student for the nominated course

❒ Student’s literacy and numeracy skills are appropriate to commence the VET qualification**.**

**C3: Creating a Training Account**

**Prior to the commencement of training**, the provider must have an Enrolment Agreement with the student, signed Participant Agreement, and correctly create a Training Account in Skills and Employment Portal.

*Please tick to confirm the following requirements are understood and met:*

❒ Provider enters an Enrolment Agreement with the approved FLO student

❒ Provider searches for an existing Participant Profile for the student. If there is not already a unique Participant Profile, the Provider creates a Participant Profile for the approved FLO student (which will generate a **Student Participant Number**)

❒ Provider creates a Training Account in Skills and Employment Portal (which requires use of the Student Participant Number and the **FLO Approval Code**)

Note that:

* In creating a Training Account for a FLO student, follow the same steps as creating a Training Account for a school based apprentice and use the **FLO Approval Code** as if it were the Training Contract Number.
* That is:
  + In the <School Status> field, select “Yes” from the drop-down menu to signify that the student is enrolled at school
  + In the <Training Contract Details> field:
    - select “Yes” to indicate that the student has an approved Training Contract, **and**
    - select “Yes” to indicate that the Training Contract is a School Based Training Contract, **and**
    - enter the student’s 9 character FLO Approval Code (i.e. FLOXXXXXX) as the Training Contract Number. (Make sure to include the prefix ‘FLO’ as well as the six trailing digits).
* If the course has a ‘TGSS Only’ enrolment condition, enrol the student as a TGSS student by selecting “Yes” in the <TGSS Status> field and use the 9 character FLO Approval Code as the Contract Number in the <Training Contract Details> field.

Detailed instructions are available in the document “Enrolment and Training Account Guideline”, which can be downloaded from<https://www.skills.sa.gov.au/Forms-and-publications/Training-providers-documents>

If you require further assistance, contact the Infoline 1800 673 097 and ask to speak to Contract Administration.

**C4: Signature**

**Name of Training Provider**:

**Funding Contract Number**:

**Name of Representative of Training Provider**:

**Position of Representative**:

**Signature of Representative**: …………………………………….…………………**Date**: ….…. /….……./………..