Registered Training Organisations (RTO) that hold a Funded Activities Agreement (FAA) with Skills SA can apply on behalf of individuals for an exemption under special circumstancesto access publicly funded training. Under this arrangement individuals may be exempted from a specific eligibility requirement associated with the FAA.

The RTO must ensure it has undertaken the Upfront Assessment of Need process and determined the student is suitable for the course, has the capability to successfully complete the qualification and that a funded place is available.

Applications are assessed against a student’s individual circumstances and should provide a clear rationale for why the student requires exemption. This information along with the student’s full training history will be considered as part of the application process. School enrolled students are not eligible to apply for an Exemption Based on Special Circumstances.

Please complete the details below, including the specific details on the rationale for the request and email directly to [skillscontracts@sa.gov.au](mailto:skillscontracts@sa.gov.au)

**RTO INFORMATION**

|  |  |
| --- | --- |
| **RTO:** |  |
| **RTO contact name:** |  |
| **Telephone:** |  |
| **Email:** |  |

**PARTICIPANT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant ID** |  | | | | | |
| **First Name** | **Middle Name** | | **Last Name** | | | **Preferred Name** |
|  |  | |  | | |  |
| **Date of Birth** | / / | | | | | |
| **Gender** | Female □ | Male □ | | Other □ | | |
| **Employment** | Employed □ | Unemployed □ | | | Unemployed Employment Services Provider Registered □ | |
| **Residential Address** |  | | | | | |

**Please select the condition the student is seeking an exemption for**

Additional subsidised place in a non-priority area

Additional subsidised place in a recognised industry entry course (i.e. Certificate II or Diploma level)

Additional attempt at a unit of competency (Please list qualification and units by national code)

Age (Leave from school form is required – school-enrolled students cannot apply for exemption)

Residency (i.e. live or work in South Australia)

Other (please specify)

|  |
| --- |
|  |

Please outline the rationale for the exemption (i.e. what factors do you think should be considered in granting an exemption for this individual?) Please attach any relevant evidence to support the application for exemption (i.e. any documentation relating to relevant visa conditions, relevant medical, educational capability assessments, statements or reports) that could be considered relevant to the individual’s case. If you refer to any such documentation in your rationale it should be attached, in full, to this application to substantiate the exemption claim.

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**RTO to complete**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a representative of the above-mentioned RTO, request a representative of the Minister for Education, Training and Skills, to assess this application for an exemption.

I acknowledge that a training account cannot be established until an exemption is granted. Where a student is granted an exemption, any retrospective claim for training delivered prior to the exemption date will not be supported.

***Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***Position***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal Use Only**

The delegated representative of the Minister for Innovation and Skills has reviewed and recommended the following decision:

Approved – as per supporting documentation

Not Approved – as per supporting documentation

Authorising Delegate(s):  Director SPP  Director TAS  Executive Director Skills SA

***TAS Officer Finalisation and Action by***

***Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***Position***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_