



### Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependents.

[Read more: How DVA manages personal information](#)

**This form is for use by Rehabilitation Providers and clients to apply for Vocational Education and Training activities to be considered under DVA Rehabilitation Plans. The CLIK Rehabilitation Policy Library contains relevant policy which the application will be considered against.**

**Vocational Education and Training includes any retraining or further education conducted by Registered Training Organisations (RTOs) registered by the Australian Skills Quality Authority (ASQA) and Universities/Higher Education Providers registered by the Tertiary Education Quality and Standards Agency (TEQSA), for the purposes of building a client's skills with the goal of finding employment in a specific field.**

## Part A Client Details

1.	Title ( <i>Mrs, Miss, Mr etc.</i> )	<input style="width: 250px; height: 25px;" type="text"/>
2.	Surname	<input style="width: 600px; height: 25px;" type="text"/>
3.	Given name(s)	<input style="width: 600px; height: 25px;" type="text"/>
4.	DVA client number	<input style="width: 280px; height: 25px;" type="text"/>

## Part B Requested Course Details

5.	Course title	<input style="width: 600px; height: 25px;" type="text"/>									
6.	Course code	<input style="width: 280px; height: 25px;" type="text"/>									
7.	Course outline	<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <span>Please attach course outline from the Education Provider</span> </div> <p style="margin-top: 5px;">Please provide explanation if course outline is not attached</p> <div style="border: 1px solid black; height: 40px; width: 600px;"></div>									
8.	Course dates	Start date <input style="width: 60px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/>	End date <input style="width: 60px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/>								
9.	Level of study	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Certificate I</td> <td><input type="checkbox"/> Diploma</td> </tr> <tr> <td><input type="checkbox"/> Certificate II</td> <td><input type="checkbox"/> Advanced Diploma</td> </tr> <tr> <td><input type="checkbox"/> Certificate III</td> <td><input type="checkbox"/> Bachelor Degree (undergraduate)</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV</td> <td><input type="checkbox"/> Other - please specify</td> </tr> </table> <div style="border: 1px solid black; width: 360px; height: 25px; margin-left: 100px; margin-top: 5px;"></div>		<input type="checkbox"/> Certificate I	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Bachelor Degree (undergraduate)	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Other - please specify
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Diploma										
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<input type="checkbox"/> Certificate III	<input type="checkbox"/> Bachelor Degree (undergraduate)										
<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Other - please specify										
10.	Education provider name	<input style="width: 600px; height: 25px;" type="text"/>									
11.	RTO or TEQSA Provider code	<input style="width: 280px; height: 25px;" type="text"/>									

**Part B Requested Course Details *cont...***

12. Study load as per Course Outline/  
Providers Standards  Full time  
 Part time - describe the hours/commitment:

13. Mode of study  On Campus  Online

**Part C Criteria to be considered for study application**

14. Has Medical Clearance been obtained to undertake study and the target job? No  Yes   Please attach evidence

15. Has a Vocational Assessment been completed that supports the need for this training? No  Please provide explanation

Yes  Date of assessment  /  /

16. Does the client have existing employable skills? No  Yes  What are the barriers to employment based on existing skills?  
 Medical reasons  
 Labour market  
 Other - please provide details including other work that has been trialled

17. How will this course assist the client reach their rehabilitation goal(s)?

18. Are there any alternatives to achieve employment in the target job, or similar job (e.g. work experience or a shorter course)?

19. Has the client agreed with the employment goal and do they have a good understanding of the target job? No  Yes   
Were any of the following done?  
 Work trial  
 Shadow day  
 Industry contact discussion

**Part D**

**University/Higher Education - additional criteria**

*To be completed for University/Higher Education only*

20. List the client's university/higher education qualifications (Australian Qualifications Framework level 7 or higher)


21. Is the client aware they should apply for a Commonwealth Supported Place?

No  Yes

22. Is the Institution Australian?

No  Yes

23. Is the study level up to Level 7 on the Australian Qualifications Framework (Cert III, IV, Diploma, Advanced Diploma, Associate Degree or Bachelor Degree)?

No  Yes

24. Has the client completed relevant course pre-requisites/preparation?

No  Yes

25. Provide an explanation to support a decision about the appropriateness of funding of university/higher education under a rehabilitation plan


**Part E**


**Rehabilitation Provider Request**

26. Has the course outline from the Education Provider been attached?

No  ► Ensure an explanation has been provided at **Question 7**  
Yes

I have discussed this application with the client, and am requesting DVA support funding for this course:

27. Signature of Rehabilitation Provider


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Date


	/		/	
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I have participated in the process of completing this application for education or training, and am requesting DVA funding for this course.

By submitting this form, I acknowledge that:

- DVA will not refund any costs that I incur for education or training unless prior agreement has been provided;
- DVA will fund my enrolment on a study period by study period basis;
- DVA will fund units for which I have achieved a pass grade or above;
- DVA will not fund failed, incomplete, deferred, withdrawn or repeated units without considering evidence which justifies why support for my studies should continue. DVA will consider any unexpected or extenuating circumstances that may have impacted on my ability to successfully meet my course requirements, as well as efforts that I have made to seek support or negotiate options through student support services offered by my Education Provider;
- DVA may suspend, withdraw or terminate funding for this course if I fail to maintain satisfactory progress, there is evidence that I have not made clear commitment to successfully meeting course requirements, or I am subject to university disciplinary proceedings;
- If I withdraw or fail to complete course unit(s), without extenuating circumstances, DVA has the discretion to choose not to pay further units that I enrol in;
- It is my responsibility to notify my rehabilitation provider of any circumstances impacting my enrolment, or my ability to successfully complete my studies;
- I will submit an academic transcript to my rehabilitation provider for forwarding to DVA at the conclusion of each period of study (semester, trimester or quarterly period);
- It is my responsibility to notify my rehabilitation provider immediately if I withdraw from a unit or the course;
- It is my responsibility to be aware of Education Provider census dates and plan my enrolment accordingly;
- It is my responsibility to take full advantage of the student support services offered by my Education Provider. Support services may include, but are not limited to:
  - Academic support;
  - Administrative and Enrolment support;
  - Child care; and
  - Disability support;
- I agree to continue with any medical/physical rehabilitation and treatment I am undertaking, while completing my education or training. DVA may suspend, withdraw or terminate funding for this course if I fail to maintain satisfactory participation in my rehabilitation and treatment; and
- I commit to engaging with potential new employers where possible with the aim to undertake work experience in my chosen field.

**28. Signature of Client**



Date

/ /

**Providers, once complete please submit this form via the Provider Upload Page (PUP) or alternatively email to:**  
[rehabilitation@dva.gov.au](mailto:rehabilitation@dva.gov.au)