

“Securing Jobs for Your Future – Skills for Victoria”

Date / /

I, [Print Full Name] _____, of,
[Address] _____ hereby declare that I am
currently subject to *extreme financial hardship* due to my personal circumstances as disclosed
to IBI below

This Extreme Hardship Declaration is true and correct and delivered with my valid consent to support my claim for an exemption (waiver) of the IBI Application fee for the course(s) in accordance with the Skills Victoria Funding Agreement. I understand and consent to a government agency, including (DEEWR) may contact me.

If my declaration is accepted by IBI, I hereby agree to commence the nominated Course as indicated on the IBI Eligibility Enrolment Form.

Declared on _____ Date

PRINT Name _____

Signature _____

At Victoria

Office Use Only (Concessions or Exemptions)

Pension / Health Care Card Number _____

IBI has sighted evidence supporting the concession or exemption granted

Extreme Hardship Granted (Yes / No)

RTO Manager / CEO Signature _____

Private and Confidential