**Application for exemption based on special circumstances**

WorkReady service providers can request an exemption on behalf of an interest group or an individual student. Under this arrangement the request may seek exemption from a specific eligibility rule(s), the number of attempts at a Unit of Competency or number of qualifications achieved at an AQF level. *Application for* *exemption based on special circumstances* must be forwarded electronically to [skillscontracts@sa.gov.au](mailto:skillscontracts@sa.gov.au).

WorkReady service provider: Click here to enter text.

WorkReady provider contact: Name Click here to enter text. Phone: Click here to enter text.

**Participant details**

Participant ID number: Click here to enter text.

First Name: Click here to enter text.

Middle Name: Click here to enter text.

Last Name: Click here to enter text.

Preferred Name: Click here to enter text.

Residential Address: Click here to enter text.

Click here to enter text.

Click here to enter text.

D.O.B: \_\_/\_\_/\_\_\_\_\_ Gender:  Male  Female

**Employment details**

Is the participant employed?  Yes  No   
Is the participant unemployed and registered with an Employment Services Provider?  Yes  No

Please select which rule you would like to seek an exemption from:

Age (Leave from school form is required)

Residency Status

Additional subsidised course in a non-priority area

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

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 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 individuals case. If you refer to any such documentation in your rationale it should be attached, in full, to this application to substantiate the individuals’ exemption claim.**

Click here to enter text.

**WorkReady serviceprovider to complete**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as representative of the above mentioned WorkReady service provider request the Minister assess this application for an exemption.

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

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

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

**Department of State Development Internal Use Only**

**Exemption Request Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a representative of the Minister for Higher Education and Skills, I have assessed this exemption to enable the student to gain access to government funded training and/or activities.

Approved  Not Approved

Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Conditions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_