

## **Proxy Declaration**

## For Individuals in Exceptional Circumstances

This form is to be completed in absolutely exceptional circumstances only where an individual is unable to provide:

- An Australian Birth Certificate (Not Birth Extract); or
- A current Australian Passport; or
- A current New Zealand Passport; or
- A naturalisation certificate' or
- A Green Medicare card; or
- Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence.

All reasonable efforts must have been made to assist the individual to demonstrate their citizenship/residency status in the conventional way.

The Proxy Declaration must be approved by the Higher Education and Skills Group (HESG) prior to the individual being enrolled at Federation University Australia.

To be completed by Applicant:
Name:
Date of Birth:/
Course:
Scheduled Course Commencement:/
To be completed by Relevant Government or Community Services Provider Representative (Referring Agency):  Name:
Organisation:
Organisational Position (CEO or equivalent):
Please detail the circumstances below why the Individual cannot access the required documentation:

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l,	hereby declare that all
reasonable effort has been made to assist	to
demonstrate their citizenship / residency status.	
Signature:	Date:/
To be completed by Applicant:	
I.	hereby declare that the above
I,	citizenship/residency. I give permission for
Signature:	Date:/
To be completed by Federation University Aust	
efforts have been made to assist this individual in conjunction citizenship/residency status. I acknowledge this proxy declar per the 2013 TAFE Performance Agreement and the Guidelia Supporting Evidence Requirements.	n with the Referring Agency to demonstrate their tration is being submitted to HESG for approval as
Signature:	/Date://
To be completed by the CEO of the Federation	University Australia:
I acknowledge this proxy declaration is being submitted to H Funding Contract and the Guidelines about Determining Stu Requirements.	• • • • • • • • • • • • • • • • • • • •
Signature:	/ Date://
Academic Services to complete:	
	Number:
	<i></i>
Comments provided by Skills Victoria (if applicable):	
r <del></del>	

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