Education & Communities
NSW GOVERNMENT | Office of Education
State Training Services

NSW Department of Education and Communities
Vocational Training Assistance Scheme (VTAS)

SIGNED STATEMENT

TCID No: _____

Full Name: _____ D.O.B.: _____

Address: _____

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I certify that _____

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Signed: _____ Date: _____

EMPLOYER CONFIRMATION **(This must be completed or your forms will be returned)**

I confirm that the above statement is true and correct.

Signed: _____ Name: _____ Date: _____