Bert Evans Apprentice Scholarships Application Form - 2026
Form Preview

About this form

* indicates a required field

This form is for first-year apprentices applying for the Bert Evans Apprentice Scholarship. Please submit your application and any supporting documents (max 3 pages) through SmartyGrants.

Need help? Call Training Services on 13 28 11 or visit:

https://education.nsw.gov.au/skills-nsw/bert-evans-scholarships

Eligibility Criteria

Please confirm your eligibility for the Bert Evans Apprenticeship Scholarship Program by reviewing and verifying the following criteria:

- I am an Australian citizen or permanent resident
- My apprenticeship was approved by Training Services
- I am a first year apprentice at the time of applying
- I am experiencing financial hardship and may also be experiencing personal hardship
- My employer is based in NSW

I confirm all of the above statements are true *

○ Yes ○ No

Are you an apprentice or a trainee? *

○ Apprentice ○ Trainee

Verification by the NSW Training Contract Approval Letter

Unfortunately you are not eligible for this sponsorship

Please refer to Guidelines for more information on Eligibility for this Scholarship

Supporting Documentation Uploads

Please note you will need the following supporting documentation before submitting this application:

- Proof of Income – required
- Other Financial Evidence – optional
- RTO Support Letter or Training Plan– required
- Employer Support Letter – required

Support letters from the RTO and employer are not required to disclose any financial or personal hardship. The purpose of these letters is solely to confirm and comment on the

apprentice's participation and performance within the apprenticeship (e.g. attendance, progress, competency development, and workplace performance).

Learner Details

* indicates a required field

Training Contract ID *

Applicant *
First Name Last Name

Applicant Primary Address *
Address

Applicant Primary Email *
Must be an email address.

Applicant Mobile Phone Number *
Enter 10-digit mobile number without spaces

Please select your region *
- ○ Central/Northern Sydney
- ○ Western Sydney/Blue Mountains
- ○ New England
- ○ Riverina
- ○ Illawarra/South East NSW
- ○ Southern/SW Sydney
- ○ Hunter/Central Coast
- ○ North/Mid North Coast
- ○ Western NSW
- ○ Not sure

Please refer to TS regional map

Employer *

Please upload your Employer Support Letter *
Attach a file:

Please upload a signed letter from your employer, outlining key responsibilities and tasks, your commitment to learning, workplace attitude, and progress during the apprenticeship.

Registered Training Organisation (RTO)

Name of your Registered Training Organisation (e.g. TAFE NSW): *

Please upload RTO supporting documents *
Attach a file:

Please include any documents to support your application regarding your RTO progress. These may include RTO Reference letter from your teacher/trainer, an updated training plan, and any certificates or achievements.

Equity Group Status

Equity group status refers to whether someone belongs to a group that has historically experienced disadvantage, discrimination, or underrepresentation in society. These groups often include (but are not limited to):

- Aboriginal and/or Torres Strait Islander Peoples
- People with Disabilities
- Culturally and linguistically diverse
- Woman in non-traditional trade
- Apprentices in regional or remote areas in NSW
- Mature aged apprentice (ages over 25)

This status is often used to monitor and improve access, fairness, and inclusion in education, employment, and other opportunities.

Do you identify as part of an equity group? *
○ Yes ○ No

Do you identify as any of the following? *
☐ Aboriginal
☐ Torres Strait Islander
☐ Neither
☐ Prefer not to say
Please select all that apply

Do you have a recognised disability? *
○ Yes ○ No ○ Prefer not to say
e.g. physical, sensory, or mental health condition

Is English your first language? *
○ Yes ○ No

Are you a woman in a non-traditional trade (e.g. construction, automotive)? *
○ Yes ○ No

Are you working in regional NSW? *
○ Yes ○ No

Are you aged 25 or over? *
○ Yes ○ No

Explain how your equity group status impacts your training or opportunities *

Word count:
Must be no more than 200 words.

Have you previously received any government scholarships or financial assistance for your apprenticeship? *
○ Yes ○ No

What was the name of the Grant? *

Your Situation

* indicates a required field

Describe your financial/personal hardship and how it impacts your ability to complete your apprenticeship: *

Word count:
Must be no more than 300 words.

Tick the reasons you're finding it hard to continue your apprenticeship *
☐ I can't afford transport to work or training
☐ I have trouble paying rent or living costs
☐ I care for family or dependents
☐ I have health or mental health issues
☐ I need tools, equipment or safety gear
☐ Lack of mentoring, unclear expectations, etc.
☐ Other:

Please select all that apply

How many days per month is your attendance at work and/or training affected? *
○ 0-5

○ 6-10
○ 11-15
○ 16+

Do you have someone helping you with your apprenticeship? *
○ Yes ○ No

Please advise who is assisting you? *

eg: employer, family, case worker

What help is being provided? *

How does this help with your apprenticeship *

Have you thought about leaving your apprenticeship? *
○ Yes ○ No

What's the main reason you're thinking about leaving your apprenticeship? *
☐ Money problems
☐ Travel or transport is too hard
☐ Not getting support at work
☐ Personal/family issues
☐ Other:

Please select your main reason

Financial Details

* indicates a required field

Are you receiving the Living Away from Home Allowance (LAFHA)? *
○ Yes ○ No

Are you receiving Centrelink Benefits? *
○ Yes ○ No

Apprenticeship Monthly Salary (after tax) *

to assist with after tax salary calculations please refer to pay calculator

Proof of Income *
Attach a file:

eg: payslip, tax return

Monthly Income

Please provide details of your monthly income, including sources such as wages, Centrelink payments, a second job, or other income streams.

please "add more" to add rows

Please do not repeat monthly salary in this table

Income	**$**
eg: additional income, second job	

This calculation is made up of Monthly Salary plus line items from the Monthly income table above

Total Income Amount

This number/amount is calculated.

Monthly Expenses

Please enter your expenses as a monthly amount. If your expenses are not monthly, convert them using the guide below:

- Weekly amount × 4.33
- Fortnightly amount × 2.17
- Annual amount ÷ 12

Example:$100 per week = $433 per month

If there are no expenses, select **Other**, enter “No expenses”, and input **$0**.

please "add more" to add rows

Expenditure	**Monthly Expenditure ($)**
	Please enter a monthly amount
Other:	

Budget Totals

Total Monthly Expenses Amount

This number/amount is calculated.

Calculated field based on Total Monthly Income minus Total Monthly Expenses

Net Monthly Position

This number/amount is calculated.

Dependents

Please include all dependent children under the age of 18.

Do you have dependent children under the age of 18?
○ Yes ○ No

How many dependents do you have? *
Must be a number.

Are you the sole financial provider? *
○ Yes ○ No

What is the age range of your dependents?
eg: 8-16

Please include any supporting documentation you consider relevant to demonstrate your financial situation

Financial documents
Attach a file:

Scholarship Use

* indicates a required field

Explain how this scholarship will help you stay in and complete your apprenticeship *

Word count:
Must be no more than 200 words.

If awarded, how will this scholarship support your apprenticeship? *
☐ Tools

☐ Travel/transport
☐ Safety gear/clothing
☐ Rent or bills
☐ Training or RTO costs
☐ Childcare
☐ Other:

Please select your top 3. Only include costs not already subsidised.

Referee Support (Optional)

Would you like to include a short statement from someone who knows about your situation (like a trainer, employer, support worker)? *
○ Yes ○ No

Please upload supporting letter from referee *
Attach a file:

Declaration & Privacy Notice

* indicates a required field

Declaration

- The information I've provided is true and accurate.
- I will provide additional information if requested.
- I consent to the Department of Education using this information for assessment purposes.
- My personal information will be handled in accordance with NSW privacy laws

Confirmation *
○ I agree to all of the above

Privacy Notice, Disclose Information and Permission to Publish form

The Department of Education (the Department) is seeking your permission to publish and/or disclose information about you/your child for the purposes set out below. 'Your child' refers only to applicants under 18. This does not apply to any children or dependents you may have.

Privacy Notice The Department committed to protecting the privacy of your personal information per the Privacy and Personal Information Protection Act 1998 (PPIP Act).

The information collected may include your/your child's.

- Name
- Contact details, including email and mobile number.

Permission to Publish

The Department may also collect quotes, photographs, social and visual recordings, of you/ your child. Photos may be reproduced in colour or black and white and may be altered for design purposes.

There is no remuneration or compensation paid for this.

The communications in which you/your child's information may be published or disclosed include but are not limited to:

- Public websites of the Department, including the Department's intranet (staff only), blogs and wikis.
- Department publications, including newsletters, promotional material published in print and electronically.
- Department social media accounts on networks such as YouTube, Facebook and Twitter.
- Local and metropolitan newspapers and magazines and other media outlets.

You should be aware that information published on public websites and social media channels can remain discoverable online for several years, if not permanently. Search engines may also cache or retain copies of published information. Third parties can also link to published information.

Permission to Disclose Information

The Office of Minister for Skills, TAFE and Tertiary Education Steve Whan (Minister's Office) may also request your information, including your name and contact details for purpose of media publications only. Otherwise, the Department will not disclose information unless authorised by law.

If you do not agree to disclose this information to the Minister's Office, please clearly indicate below.

Please note that you may withdraw your consent at any time and it will not affect your scholarship.

I have read the 'Permission to Publish' information and:
○ I give permission to the Department to publish information about me/my child as described, including in publicly accessible materials.

Permission to Disclose Information to the Minister's Office I have read the 'Permission to Disclose Information' statement and:
○ I give permission for the Department to disclose my personal information to the Minister's Office.

This permission remains effective until I advise the Department otherwise.

Name/Child's name:

Parent/carer name (if child under 18):

Any comments/notes

Address
Address

Phone Number

Must be an Australian phone number.