

Course Enrolment Application

ALL TRAINING APPLICANTS TO COMPLETE

Course/
Qualification: _____

Personal Details

Title: Mr Mrs Ms Miss Other Gender: Male Female Not specified

Surname: _____ Given Names: _____

Date of Birth: _____ USI Number: _____

Residential Address: _____ City: _____ Postcode: _____

Postal Address: _____ City: _____ Postcode: _____

Home Number: _____ Mobile: _____

Email: _____

Country of Birth: Australia Other _____

City of Birth: _____ State: _____

Emergency/Next of Kin Contact Details

Name: _____ Relationship to you: _____

Home Number: _____ Mobile: _____

Employment Status

Unemployed: Less than 12 months 12 – 24 months More than 24 months

Employed: Full-Time Part-Time Self Employed

Job Service Id Number: _____

Language and Cultural Diversity

Are you an Australian Citizen? Yes No

Do you have Permanent Resident status in Australia? Yes No

Do you speak a language other than English at home? If other, please specify.

English only Other _____

Do you consider yourself to have a disability, impairment or long-term Condition? If yes, please specify.

No Vision Hearing/Deaf Physical Medical Condition
 Intellectual Learning Mental Illness Other Acquired brain impairment

Are you from an Aboriginal or Torres Strait Island background?

No Aboriginal Torres Strait Islander Both

Education

Are you currently attending secondary school? Yes No

What is your highest school level completed?

- Completed year 8 or below Completed year 9 or equivalent Completed year 10
 Completed year 11 Completed year 12

What year did you complete that school level? _____

Since leaving school, have you completed any qualifications? Yes – please specify No

- Certificate I Certificate II Certificate III Certificate IV
 Diploma Level Advanced diploma/ associate degree level Bachelor/higher level degree Other

Computer/Facility Use Policy

All training applicants to read page3 of QF7.5.12 Learner Handbook

Declaration

I certify that I have read this form thoroughly and agree to the conditions stated herein.

I declare that the information supplied by me on this form is true and correct. I authorise SCQ to obtain from other education institutions and relevant authorities details of my enrolment, academic records and examination results.

I authorise SkillCentred Queensland Inc. permission to access to my Unique Student Identifier (USI) details. If I do not already have a USI, I give SCQ permission to create a USI on my behalf. Identification (*drivers licence, birth certificate, passport, Medicare card etc*) will need to be provided to SCQ.

Signature

Date

Parent/guardian signature (*If under 18*)

OFFICE USE ONLY

- Copy of identification attached
 Entered into VETTRAK

Initials: _____ Date: / /

Application for a Skilling Queenslanders for Work Program

This application does not guarantee a position on a training program

Course Details

Qualification Name: _____ Qualification Code: _____

Personal Details

Surname: _____ Given Name: _____

Date of Birth: _____ Phone Number: _____

Residential
Address: _____

City: _____ State: _____ Postcode: _____

Home
Number: _____ Mobile: _____

Email: _____

Do you have any previous or maiden names? No Yes – please specify: _____

Eligibility

Are you eligible for Skilling Queenslanders for Work (SQW)? Please indicate if you:

1. Have been enrolled in a SQW program before No Yes – please provide details

Year: _____ Program: _____

2. Are 15 years of age or older No Yes

3. Have finished secondary school or left school No Yes
(If under 18 years of age eligibility is to be check with QLD government)

4. Are an Australian Citizen No Yes

5. Are a Queensland resident No Yes

6. Are a Job Active client No Yes

Have you been unemployed for greater than 6 months? No Yes

Note: Identification must match the address supplied on this application.

Please continue over

Which of the following are you? You may tick more than one option:

- Mature-aged job seeker (aged 45 years or older)
- Aboriginal or Torres Strait Islander person
- Migrant or refugee from a cultural and linguistic diverse background
- Have a disability
- Young person (aged 15-24 years)
- Woman re-entering the workforce
- Under-utilised worker (marginally attached to the workforce or under-employed)
- Unemployed – Accessing Australian Government Services for more than 6 months

Applicant Signature

Date

OFFICE USE ONLY

Eligibility Evidence – at least one box per section must be ticked and attached

- Proof of Age:
- Driver License
 - Adult Proof of Age Card
 - Birth Certificate
 - Australian Passport

- Queensland Residency:
- Driver License (if showing Queensland address)
 - Pensioner Concession Card (if showing Queensland address)
 - Copy of Bank Statement/Electricity Account/Centrelink Letter sent to current address
 - Health Care Card (if showing Queensland address)

- Australian Citizenship:
- Green Medicare Card
 - Australian Birth Certificate
 - Australian Passport
 - Australian Citizenship Certificate
 - Health Care Card
 - Blue Medicare Card (Visa Identifying Work and Training)
 - Yellow Medicare Card (Not Suitable)

Compliance

Eligible on AISS: Yes No Initial: _____ Date: _____

Eligible: Yes No

Training & Placement Officer

Accepted in program: Yes No

Interview Date (if applicable): _____

Other details: _____