

Training Location: Canterbury Hurlstone Park RSL Club	Course Start Date:
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JOBTRAINER Eligibility Form

The following information must be collected for all Smart and Skilled enrolments.

First Name:		
Middle name/s:		
Last name:		
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Not Specified	
Date of Birth:		
Contact Information:	Phone:	Email:

What is your Unique Student Identifier? (USI) www.usi.gov.au to create	_____ (10 Characters)
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Residential Address (at time of Training)	Unit No:	
	Street No:	
	Street Name:	
	Suburb:	
	State: (NSW) Postcode:	

Are you currently employed?	<input type="radio"/> No <input type="radio"/> Yes ** See appendix
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Are you still at school?	<input type="radio"/> No <input type="radio"/> Yes – if yes, do not continue
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What is your residency status? ** See appendix	<input type="checkbox"/> Australian Citizen (attach copy of either Green Medicare card, passport, or birth certificate)
	<input type="checkbox"/> Australian Permanent Resident (see appendix)
	<input type="checkbox"/> Humanitarian Visa (see appendix) Type of visa:
	<input type="checkbox"/> New Zealand Citizen (see appendix)
	<input type="checkbox"/> Other (see appendix)

Have you achieved any qualifications since turning 17?	<input type="radio"/> Yes, while still at school	
	<input type="radio"/> Yes, after leaving school (post school qualifications)	
	<input type="radio"/> No	
What is the highest level of any post school qualification achieved? (if applicable)	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificates other than the above <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree	
Are you Aboriginal or Torres Strait Islander?	<input type="radio"/> No <input type="radio"/> Yes	
Has the student undertaken any other training this calendar year?	<input type="radio"/> If Yes, please give details <input type="radio"/> No	<div style="border: 1px solid black; height: 60px;"></div>
Do you require assistance for Language, Literacy and Numeracy (LLN)?	<input type="radio"/> No <input type="radio"/> Yes	(Please give details or call 02 9559 0025 to discuss) <div style="border: 1px solid black; height: 30px;"></div>
Do you have a Disability?	<input type="radio"/> No <input type="radio"/> Yes ** See appendix	
If yes, please select disability assessment type	<input type="radio"/> Recipient of Disability Support Pension ** See appendix <input type="radio"/> Assessed by a specialist support professional as a student with disability ** See appendix	
Please indicate your welfare status:	<input type="radio"/> I am a welfare recipient ** See appendix <input type="radio"/> I am a dependent child or spouse of a welfare recipient ** See appendix <input type="radio"/> I am not a welfare recipient	

<p>If yes to being a welfare recipient please specify ** See appendix</p>	<input type="radio"/> Age Pension <input type="radio"/> Austudy <input type="radio"/> Carer Payment <input type="radio"/> Farm Household Allowance <input type="radio"/> Newstart Allowance <input type="radio"/> Parenting Payment (Single) <input type="radio"/> Sickness Allowance <input type="radio"/> Family Tax Benefit Part A (Maximum rate)	<input type="radio"/> Special Benefit <input type="radio"/> Widow Allowance <input type="radio"/> Widow B Pension <input type="radio"/> Wife Pension <input type="radio"/> Youth Allowance <input type="radio"/> Veterans' Affairs Pensions <input type="radio"/> Veterans' Children Education Scheme
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Are you an Employment Service Provider Client?	<input type="radio"/> No <input type="radio"/> Yes
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Job Service Provider Details:	.
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Organisation ID:		Client ID:	
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Have you been referred by an Employment Service Provider?	<input type="radio"/> No <input type="radio"/> Yes	If yes, please indicate your Employment Service Provider referral ID	
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Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?	<input type="radio"/> Yes, registered <input type="radio"/> Yes, intending to be registered <input type="radio"/> No	TCID Number:	
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How did you hear about this program?	
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<input type="checkbox"/> Website <input type="checkbox"/> Google <input type="checkbox"/> Job Network <input type="checkbox"/> Friend <input type="checkbox"/> Chevron Club Newsletter
<input type="checkbox"/> Facebook <input type="checkbox"/> Walking By <input type="checkbox"/> Previous student <input type="checkbox"/> Letter Box Mail <input type="checkbox"/> CHPRSL Staff <input type="checkbox"/> Other

Client Declaration:

I, (name) _____ understand that by signing below I agree that the details listed above are true and correct.

Signed: _____ Date: _____

PLEASE READ AND SIGN THE CONSENT FORM ON NEXT PAGE

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____
(first, middle and last Name)

of _____
(current residential address) (NSW) New South Wales

with date of birth _____

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier (USI), date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by **CHP School of Hospitality** may be disclosed to the Department of Education and Communities (**Department**).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with **CHP School of Hospitality** for the purposes of evaluation and assessing my subsidised training.

PRINT FULL NAME OF STUDENT: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____

Do you hold current RSA / RCG Interim Certificate or Competency Card?

NO

YES

If yes, please scan and attach your current RSA / RCG Interim Certificate or Competency Card with this application form.

**** Appendix (next page)**

** APPENDIX - Additional Evidence Requirements

If you are currently a:

welfare recipient	permanent resident	humanitarian visa holder	disability assessed	social housing recipient
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A copy of the following additional evidence is required:

Eligibility Requirement	Evidence Required
Citizenship	<p><u>One</u> of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Australian or New Zealand birth certificate or • Australian or New Zealand Passport or • Green Medicare Card or • Naturalisation Certificate
Permanent resident	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Passport & use the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) facility to confirm status as Australian permanent resident • Green Medicare Card
Humanitarian Visa holder (Refugee or Asylum Seeker)	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Relevant visa documentation/VEVO Report or • ImmiCard (where appropriate) <p><i>*Note: If a Bridging Visa holder, the student must provide a document form the Department of Immigration and Border Protection acknowledging application for a humanitarian visa.</i></p>
Welfare recipient	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and the benefit/allowance category you receive such as:</p> <ul style="list-style-type: none"> • Current Concession Card or • Letter from Centrelink confirming receipt of the benefit or • Income Statement from Centrelink or • Approval letter from Centrelink that indicates the commencement date of your benefit (must be within two weeks of your enrolment)
Disability Support Pension:	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and clearly states the student is receiving the Disability Support Pension:</p> <ul style="list-style-type: none"> • Current Concession Card (with the letters DSP on the bottom of the card) or • Letter from Centrelink confirming receipt of the Disability Support Pension or • Income Statement from Centrelink
Disability Assessed <i>(If the Student is not receiving the disability support Pension please provide.)</i>	<p>A letter or statement supporting a clear additional need as a result of the student's disability from:</p> <ul style="list-style-type: none"> ➤ A medical practitioner ➤ An appropriate government agency (e.g. Veteran Affairs, TAFE NSW teacher consultant, School counsellor/special education coordinator, Centrelink, Disability Service Provider, Job Capacity Assessor, or ➤ Specialist allied health professional (Including: a rehabilitation counsellor, psychologist, speech pathologist or occupational therapist).
Dependent of Welfare recipient	<ul style="list-style-type: none"> • If the student is a dependent child, spouse or partner of a welfare recipient or Disability Support Pension or Social Housing with Commonwealth Welfare Recipient Status you will need to also provide evidence that Centrelink recognises the student as dependent.
Currently Employed	<ul style="list-style-type: none"> • Certain conditions apply. Please contact 02 9559 0025 for further details
Home Schooled Students	<ul style="list-style-type: none"> • Copy of current certificate of home-schooling registration, which clearly indicates the period for which the student will be home schooled