

The Higher Level Skills Program

<http://www.training.qld.gov.au/resources/training-organisations/pdf/hls-factsheet-student.pdf>

CONFIRMATION OF ENROLMENT FORM

1. STUDENT INFORMATION – *Applicant to complete*

| | | | | | | | | | |
|--|---|---------------|------------------|--------------|-----------------------|--|-----|-------|------|
| Student Name: | First/Given Names: | | | | | | | | |
| | Surname: | | | | | | | | |
| Previous OR other names (if applicable): | | | | | | | | | |
| Address: | Street Address: | | | | | | | | |
| | Town: | State: | Postcode: | | | | | | |
| Phone Number: | Home: | | Work: | | | | | | |
| | Mobile: | | Fax: | | | | | | |
| | Email Address: | | | | | | | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | |
| Date of birth: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> | | | | | | Day | Month | Year |
| | | | | | | | | | |
| Day | Month | Year | | | | | | | |
| Course: | Diploma in Early Childhood Education CHC50113 | | | | | | | | |
| In Case of an Emergency a Contact: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name:</td> <td>Phone number :</td> </tr> </table> | | | Name: | Phone number : | | | | |
| Name: | Phone number : | | | | | | | | |

2. COMPLETION OF THIS SECTION IS OPTIONAL – *Please tick if applicable*

I identify as being:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Aboriginal |
| <input type="checkbox"/> | Torres Strait Islander |
| <input type="checkbox"/> | Disability, Impairment or Long Term Condition <i>Please give details-</i> |
| <input type="checkbox"/> | Non-English Speaking Background |

3. HIGHER LEVEL SKILLS PROGRAM – *Eligibility (Copies of original documents must be certified as true and accurate copies of original documents and must be kept on file)*

Place of Birth, Australia? YES ☐ NO ☐ If no in which Country were you born? _____

Residency

I am an Australian Citizen or Permanent Resident and I have provided evidence of this

Evidence Sighted, Photocopied and placed on Participant File (One required)

- | | |
|---|-------------|
| <input type="checkbox"/> Australian Birth Certificate | Number..... |
| <input type="checkbox"/> Australian Passport | Number..... |
| <input type="checkbox"/> Naturalisation Certificate | Number..... |
| <input type="checkbox"/> Green Medicare Card | Number..... |
| <input type="checkbox"/> Visa | |

Age/Identity

I am of working age, 15 years and above, and I have provided evidence of my age

Evidence Sighted, Photocopied and placed on Participant File (One required)

- | | |
|--|----------------|
| <input type="checkbox"/> Passport | Number..... |
| <input type="checkbox"/> Birth Certificate | Number..... |
| <input type="checkbox"/> Current Drivers Licence | Number..... |
| <input type="checkbox"/> Proof of Age Card | Number..... |
| <input type="checkbox"/> Proof of QLD Residency | Document |

Language

Do you speak English at home? Yes ☐ No ☐ If no which language? _____

How well do you speak English?

Very well ☐ Well ☐ Not well ☐

Not at all ☐

Prior Education/Qualifications/Training I have;

Commenced or completed training previously;

- | |
|---|
| <input type="checkbox"/> a Year 10 qualification or equivalent; Year of Graduation _____ |
| <input type="checkbox"/> a Year 12 qualification or equivalent; Year of Graduation _____ |
| <input type="checkbox"/> a Certificate I qualification; |
| <input type="checkbox"/> a Certificate II qualification; |
| <input type="checkbox"/> a Certificate III qualification; |
| <input type="checkbox"/> a Certificate IV qualification; |
| <input type="checkbox"/> Diploma; |
| <input type="checkbox"/> Advanced Diploma; |
| <input type="checkbox"/> Bachelor Degree; |
| <input type="checkbox"/> Higher qualification; |
| <input type="checkbox"/> No qualifications |

4. APPLICANTS CIRCUMSTANCES – Applicant *MUST* complete

Evidence Collected (All are required)

I am a job seeker who is:

☐ Referred by an JSA

- | |
|--|
| <input type="checkbox"/> Not on benefit |
| <input type="checkbox"/> Disability support program |
| <input type="checkbox"/> Job Search support |
| <input type="checkbox"/> Parental or carer allowance |
| <input type="checkbox"/> Personal support program |
| <input type="checkbox"/> Income statement from centrelink |
| <input type="checkbox"/> Stream 1, 2, 3 or 4 (place number in box) |

Or

☐ A CDEP participant

- | |
|---|
| <input type="checkbox"/> Documented correspondence from CDEP Manager/Supervisor |
| <input type="checkbox"/> CRN |

Or

☐ Labour Force
Status

☐ Full time employee
☐ Part time employee
☐ Self employed
☐ Employer

☐ Employed unpaid, family Bus
☐ Unemployed seeking full time
☐ Unemployed seeking part time
☐ Unemployed not seeking work

And

☐ Not studying or in full time employment,
but intending to seek paid employment
following the completion of training

☐ Signed Statutory Declaration

JSA Contact Name and Number:

Contact Name:

Phone Number:

Study Reason: Which best describes your main reason for undertaking this training program (Tick one box only)

| | | | |
|---------------------------------------|--------------------------|---------------------------------|--------------------------|
| To get a job | <input type="checkbox"/> | To develop my existing business | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> | To try for a different career | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> | It was a requirement of my job | <input type="checkbox"/> |
| I wanted some extra skills for my job | <input type="checkbox"/> | To get into another course | <input type="checkbox"/> |
| Other reason | <input type="checkbox"/> | For personal development | <input type="checkbox"/> |

Are you currently employed: N/A ☐ Less than 25 hours per week ☐ More than 25 hours per week ☐

Length of Unemployment: N/A ☐ Less than 12 months ☐ 12 – 24 months ☐ More than 24 months ☐

Retrenched worker ☐ Jobless household Children ☐

5. QUALIFICATION DETAILS – To be completed by the RTO

Course name: **Diploma in**

RTO NTIS ID: **31729**

RTO Name: **Training Tailor Made**

Location of training: **Biggera Waters**

Contact Name: Pauline Luxford

Phone Number: 07 5537 4239

Attendance (please select):

☐ full-time ☐ part-time
☐ distance ☐ mixed-mode

Prerequisites satisfied: ☐

Recognition of prior learning:

%

Outcome of assessment of

recognition of prior learning:

Credit transfer:

Units recognised through credit transfer:

Expected commencement date:

Expected completion date:

6. STATUTORY DECLARATION – *To be completed by the applicant*

I
[address]
[occupation]

make the following declaration under the *Statutory Declarations Act 1959*

1. I am not in receipt of additional or separate funds under any other Australian Government or State and Territory Government program in relation to the training that will be covered by the HIGHER LEVEL SKILLS PROGRAM.
2. I do not currently have a Certificate IV qualification or above.
3. I am seeking or intending to seek paid employment or self employment after completing the qualification.
4. I am a Queensland resident permanently residing in Queensland

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of person making the declaration:

Declared at: (place) on (day) of (month) (year)

Before me (Authorised Person, see over), i.e. – JP, Pharmacist, Police Officer

Authorised persons signature:

Full Name:

Address:

Qualification:

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before –

| | |
|--|---|
| Chiropractor | Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the <i>Marriage Act 1961</i> |
| Dentist | Master of a court |
| Legal practitioner | Member of Chartered Secretaries Australia |
| Medical practitioner | Member of Engineers Australia, other than at the grade of student |
| Nurse | A statutory declaration under the <i>Statutory Declarations Act 1959</i> may be made before – (Continue) |
| Optometrist | Member of Engineers Australia, other than at the grade of student |
| Patent attorney | Member of the Association of Taxation and Management Accountants |
| Pharmacist | Member of the Australian Defence Force who is: |
| Physiotherapist | (a) an officer; or |
| Psychologist | (b) a non-commissioned officer within the meaning of the <i>Defence Force Discipline Act 1982</i> with 5 or more years of continuous service; or |
| Trade marks attorney | (c) a warrant officer within the meaning of that Act |
| Veterinary surgeon | Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants |
| Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public | Member of: |
| Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the <i>Consular Fees Act 1955</i>) | (a) the Parliament of the Commonwealth; or |
| Bailiff | (b) the Parliament of a State; or |
| Bank officer with 5 or more continuous years of service | (c) a Territory legislature; or |
| Building society officer with 5 or more years of continuous service | (d) a local government authority of a State or Territory |
| Chief executive officer of a Commonwealth court | Minister of religion registered under Subdivision A of Division 1 of Part IV of the <i>Marriage Act 1961</i> |
| Clerk of a court | Notary public |
| Commissioner for Affidavits | Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public |
| Commissioner for Declarations | Permanent employee of: |
| Credit union officer with 5 or more years of continuous service | (a) the Commonwealth or a Commonwealth authority; or |
| Employee of the Australian Trade Commission who is: | (b) a State or Territory or a State or Territory authority; or |
| (a) in a country or place outside Australia; and | (c) a local government authority; |
| (b) authorised under paragraph 3 (d) of the <i>Consular Fees Act 1955</i> ; and | with 5 or more years of continuous service who is not specified in another item in Part 2 of the <i>Statutory Declarations Regulations 1993</i> |
| (c) exercising his or her function in that place | Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made |
| Employee of the Commonwealth who is: | Police officer |
| (a) in a country or place outside Australia; and | Registrar, or Deputy Registrar, of a court |
| (b) authorised under paragraph 3 (c) of the <i>Consular Fees Act 1955</i> ; and | Senior Executive Service employee of: |
| (c) exercising his or her function in that place | (a) the Commonwealth or a Commonwealth authority; or |
| Fellow of the National Tax Accountants' Association | (b) a State or Territory or a State or Territory authority |
| Finance company officer with 5 or more years of continuous service | Sheriff |
| Holder of a statutory office not specified in another item in Part 2 of the <i>Statutory Declarations Regulations 1993</i> | Sheriff's officer |
| Judge of a court | Teacher employed on a full-time basis at a school or tertiary education institution |
| Justice of the Peace | Member of the Australasian Institute of Mining and Metallurgy |
| Magistrate | |

7. **PRIVACY NOTICE** – *To be completed by the applicant*

The Queensland Government allocates training places for participants to undertake qualifications under the HIGHER LEVEL SKILLS PROGRAM. **Training Tailor Made** has been approved to deliver a qualification which participants will be entitled to undertake under the HIGHER LEVEL SKILLS PROGRAM which is funded by the Queensland Government. The personal information you provide on this form will be collected and used by **Training Tailor Made** for the purposes of:

- assessing your eligibility for the HIGHER LEVEL SKILLS PROGRAM;
- if you are eligible to participate in the HIGHER LEVEL SKILLS PROGRAM, all aspects of enrolment, administration and delivery of the qualification; and
- advising your employment service provider (if appropriate) of your participation and attendance in training.

Training Tailor Made may also collect and disclose your personal information to the Queensland Government's Department of Education Training and Employment (DETE) and other Australian Government agencies, including but not limited to Centrelink, for the purposes of:

- DETE confirming your eligibility for a training place;
- informing DETE that you have enrolled in an approved qualification;
- informing DETE of your completion, non completion or withdrawal from an approved qualification;
- reporting to DETE's Ministers and other Member's of Parliament on the HIGHER LEVEL SKILLS PROGRAM;
- monitoring the service given by **Training Tailor Made** to you and your satisfaction with the HIGHER LEVEL SKILLS PROGRAM; and
- DETE generally administering the HIGHER LEVEL SKILLS PROGRAM.

Training Tailor Made and DETE may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

I confirm I have read and understood the above information and consent to the stated uses of my personal information.

Name: _____

Signature: _____

Date: _____

8. **APPLICANTS DECLARATION** – *Please acknowledge by ticking boxes and signing below*

- ☐ I have read, understood and signed the **Privacy Notice** stating how my personal information can be used and I have completed the **Statutory Declaration**.
- ☐ I have been fully informed of **Training Tailor Made Policy and Procedures**.
- ☐ I have been fully informed about the **qualification** to be undertaken.
- ☐ I have received and read the attached information regarding **Complaints and Rights and Responsibilities**.
- ☐ I understand that I will **not** be eligible for further funding **under this program** once I have completed and been issued with a Qualification under the HIGHER LEVEL SKILLS PROGRAM.

I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: _____

Signature: _____

Date: _____

9. RTOS DECLARATION – Please acknowledge by ticking boxes and signing below

- ☐ I have gathered all the required evidence and copies of the evidence supplied are on file.
- ☐ I have undertaken a literacy/numeracy assessment of the applicant and they have the ability to undertake the qualification.
- ☐ I am satisfied that the applicant meets the enrolment requirements for the qualification.
- ☐ I have assessed the applicant's capacity to benefit from the training e.g. licensing requirements.

I declare that, to the best of my knowledge, the information on this form is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: Pauline Luxford _____

Signature: _____

Date: _____