

## 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:	<b>First/Given Names:</b>								
	<b>Surname:</b>								
Previous OR other names (if applicable):									
Address:	<b>Street Address:</b>								
	<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>						
Phone Number:	<b>Home:</b>		<b>Work:</b>						
	<b>Mobile:</b>		<b>Fax:</b>						
	<b>Email Address:</b>								
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: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Day	Month	Year		
Day	Month	Year							
Course:									
Start Date:									
In Case of an Emergency a Contact:	<b>Full Name:</b>		<b>Phone number:</b>						
USI (Unique Student Identifier):									
	If you do not have one please go to this site <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a>								
How did you hear about us	<b>Internet</b> <input type="checkbox"/> <b>In the shops/posters</b> <input type="checkbox"/> <b>Word of mouth</b> <input type="checkbox"/> <b>Childcare or Aged Care Centre</b> OR <b>Other please let us know</b>								

**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 where you born? \_\_\_\_\_

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

**Residency**

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

<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	

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

**Age/Identity**

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

<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; <b>Year of Graduation</b> _____
<input type="checkbox"/>	a Year 12 qualification or equivalent; <b>Year of Graduation</b> _____
<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:**

- Not on benefit
- Disability support program
- Job Search support
- Parental or carer allowance
- Personal support program
- Income statement from centrelink
- Stream 1, 2, 3 or 4 (place number in box)

**Or**

A CDEP participant

- Documented correspondence from CDEP Manager/Supervisor
- CRN

**Or**

Labour Force Status

- |   |   |
|---|---|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Employed unpaid, family Bus  |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Unemployed seeking full time |
| <input type="checkbox"/> Self employed      | <input type="checkbox"/> Unemployed seeking part time |
| <input type="checkbox"/> Employer           | <input type="checkbox"/> 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

Employment Service Provider 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)**

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

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Course name:

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:

Units recognised through credit transfer:

Expected commencement date:

Expected completion date:

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

|

[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
5. **If you have been a citizen or resident of another country other than Australia after the age of 16, . please state that you have never been convicted of murder or sexual assault or . convicted of and sentenced to imprisonment for any other form of assault**

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
Dentist	<i>Marriage Act 1961</i>
Legal practitioner	Master of a court
Medical practitioner	Member of Chartered Secretaries Australia
Nurse	Member of Engineers Australia, other than at the grade of student
Optometrist	<b>A statutory declaration under the <i>Statutory Declarations Act 1959</i> may be made before – (<i>Continue</i>)</b>
Patent attorney	
Pharmacist	Member of Engineers Australia, other than at the grade of student
Physiotherapist	Member of the Association of Taxation and Management Accountants

Psychologist  
Trade marks attorney  
Veterinary surgeon  
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public  
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)  
Bailiff  
Bank officer with 5 or more continuous years of service  
Building society officer with 5 or more years of continuous service  
Chief executive officer of a Commonwealth court  
Clerk of a court  
Commissioner for Affidavits  
Commissioner for Declarations  
Credit union officer with 5 or more years of continuous service  
Employee of the Australian Trade Commission who is:  
    (a) in a country or place outside Australia; and  
    (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and  
    (c) exercising his or her function in that place  
Employee of the Commonwealth who is:  
    (a) in a country or place outside Australia; and  
    (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and  
    (c) exercising his or her function in that place  
Fellow of the National Tax Accountants' Association  
Finance company officer with 5 or more years of continuous service  
Holder of a statutory office not specified in another item in Part 2 of the *Statutory Declarations Regulations 1993*  
Judge of a court  
Justice of the Peace  
Magistrate

Member of the Australian Defence Force who is:  
    (a) an officer; or  
    (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or  
    (c) a warrant officer within the meaning of that Act  
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants  
Member of:  
    (a) the Parliament of the Commonwealth; or  
    (b) the Parliament of a State; or  
    (c) a Territory legislature; or  
    (d) a local government authority of a State or Territory  
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*  
Notary public  
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  
**Permanent employee of:**  
    **(a) the Commonwealth or a Commonwealth authority; or**  
    **(b) a State or Territory or a State or Territory authority; or**  
    **(c) a local government authority;**  
with 5 or more years of continuous service who is not specified in another item in Part 2 of the *Statutory Declarations Regulations 1993*  
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made  
Police officer  
Registrar, or Deputy Registrar, of a court  
Senior Executive Service employee of:  
    (a) the Commonwealth or a Commonwealth authority; or  
    (b) a State or Territory or a State or Territory authority  
Sheriff  
Sheriff's officer  
**Teacher employed on a full-time basis at a school or tertiary education institution**  
Member of the Australasian Institute of Mining and Metallurgy

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

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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 another Members 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:

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Signature:

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Date:

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

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- 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**

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- 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_