Suite 103, Metro Market Shopping Centre, 33 Hollywell Rd, Biggera Waters. 4217
Postal: PO Box 318, Varsity Lakes, Qld.4227
Tel : 07 5537 4239

admin@trainingtailormade.com.au
www.trainingtailormade.com.au

The Certificate 3 Guarantee Program

CONFIRMATION OF ENROLMENT FORM

1. STUDENT INFORMATION – *Applicant to complete*

Student Name:	**Title:** Mr Mrs Miss Other (please circle)		
	First name: **Middle:**		
	Surname:		
Maiden Name: (if applicable):			
Address:	**Street Address:**		
	Town:	**State:**	**Postcode:**
Phone Number:	**Home:**	**Work:**	
	Mobile:	**Fax:**	
	Email Address:		
Gender:	☐ Male ☐ Female		
Date of birth:	Day Month Year		
Course:	**Certificate III in**		
In Case of an Emergency Contact:			
	Phone:		

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

I identify as being: ☐	Aboriginal
☐	Torres Strait Islander
☐	Disability, Impairment or Long Term Condition *Please give details-*
☐	Non-English Speaking Background

How did you hear about us? In the shops/posters ☐ Internet ☐ Word of mouth ☐ Childcare or Aged Care Centre ☐

3. CERTIFICATE 3 GUARANTEE 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?** _____
If yes in which Town within Australia 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)*

☐ Green Medicare Card Number.....
☐ Australian Passport Number.....

OR

☐ 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)*

☐ Current Drivers Licence Number.....Exp:……..
☐ Birth Certificate Number.....
☐ 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;

☐ a Year 10 qualification or equivalent; ***Year of Graduation*** _____
☐ a Year 12 qualification or equivalent; ***Year of Graduation*** _____
☐ a Certificate I qualification;
☐ a Certificate II qualification;
☐ a Certificate III qualification;
☐ a Certificate IV qualification;
☐ Diploma;
☐ Advanced Diploma;
☐ Bachelor Degree;
☐ Higher qualification;
☐ No qualifications

4. APPLICANTS CIRCUMSTANCES – *Applicant MUST complete*

Please tick if any of these apply

☐ Concession Card
☐ Disability support program
☐ Newstart allowance
☐ Parental or carer allowance
☐ Personal support program

☐ Income statement from centrelink
☐ Stream 1, 2, 3 or 4 (place number in box)

Or other please mention

If you have come via an Employment Service Provider : Contact Name and Number:

Provider name:
Contact name:

Phone Number:

☐ 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

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

To get a job	☐	To develop my existing business	☐
To start my own business	☐	To try for a different career	☐
To get a better job or promotion	☐	It was a requirement of my job	☐
I wanted some extra skills for my job	☐	To get into another course	☐
Other reason	☐	For personal development	☐

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:

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

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 CERTIFICATE 3 GUARANTEE PROGRAM.
2. I do not currently have a Certificate III 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.

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

The Queensland Government allocates training places for participants to undertake qualifications under the CERTIFICATE 3 GUARANTEE PROGRAM**. Training Tailor Made** has been approved to deliver a qualification which participants will be entitled to undertake under the CERTIFICATE 3 GUARANTEE 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 CERTIFICATE 3 GUARANTEE PROGRAM;
- if you are eligible to participate in the CERTIFICATE 3 GUARANTEE 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 CERTIFICATE 3 GUARANTEE PROGRAM;
- monitoring the service given by **Training Tailor Made** to you and your satisfaction with the CERTIFICATE 3 GUARANTEE PROGRAM; and
- DETE generally administering the CERTIFICATE 3 GUARANTEE 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 usec have completed the Statutory Declaration.**

☐ **I have been fully informed of Training Tailor Made Policy and Procedures. (Information given in the stud handbook on orientation day).**

☐ **I have been fully informed about the qualification to be undertaken.**

☐ 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 CERTIFICATE 3 GUARANTEE 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: