



RTO use only:

- ☐ C3G ☐ C3 B2W
☐ HLS ☐ HLS B2W

ENROLMENT FORM

1. STUDENT INFORMATION – *Applicant to complete*

Student Name:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss Other:								
	First name:		Middle:						
	Surname:								
Maiden or Previous Name: (if applicable):	<input type="checkbox"/> N/A or:								
Contact Details:	Street Address:								
	Suburb:	State:	Postcode:						
	Home:	Work:							
	Mobile:	Fax:							
	Email Address:								
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other								
Date of birth:	<table><tr><td></td><td></td><td></td></tr><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>						Day	Month	Year
Day	Month	Year							
Course Name:									
USI (Unique Student Identifier)	Please obtain your USI from https://www.usi.gov.au/								
Emergency Contact:	Full Name:		Phone number:						
	Internet <input type="checkbox"/> Shopping Centre/Posters <input type="checkbox"/> Referral <input type="checkbox"/>								
How did you hear about us	Childcare, Aged Care or Community Agency <input type="checkbox"/>								
	Or Other (please let us know) _____								

Study Mode:

- ☐ Online with Zoom ☐ Distance via Zoom ☐ In class ☐ Mixed Mode

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

<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. IDENTITY INFORMATION *(Copies of original documents must be sighted as true and accurate copies and must be kept on file)*

Place of Birth, Australia? YES ☐
NO ☐

If no, where were you born? _____

Residency

I am an Australian Citizen ☐
or Permanent Resident ☐
or Humanitarian Entrant ☐

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

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

OR

☐ Visa

Evidence Sighted, Photocopied, and placed on file *(one required)*

AND

Age/Identity

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

☐ 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

4. QUALIFICATION DETAILS

To be completed by the RTO		
Qualification name and code:		
Expected start date:		
RTO NTIS ID:	31729	
RTO Name:	Training Tailor Made	
Location of training:	Biggera Waters	
	Contact Name: Pauline Luxford	Phone Number: 07 5537 4239

Prior Education/Qualifications/Training in Australia:

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's Degree;
- ☐ Higher qualification;
- ☐ No qualifications

5. APPLICANTS CIRCUMSTANCES – *Applicant MUST complete*

Please tick if any of these apply

- ☐ Concession Card
- ☐ Health Care 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 registered with an
Employment Service Provider
Contact Name and Number:

Provider name: _____
Contact name: _____
Phone Number: _____

**Labour Force
Status**

- | | |
|---|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Unemployed seeking full time |
| <input type="checkbox"/> Casual employee | <input type="checkbox"/> Unemployed seeking part time |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed not seeking work |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Employed - unpaid worker in a family business |

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

6. STATUTORY DECLARATION – To be completed by the applicant

I, [name]

Of [address]

[occupation]

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

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*.

If you are unsure, please call us to check which funding you are using 07 5537 4239

CERTIFICATE 3 GUARANTEE OR HIGHER LEVEL SKILLS FUNDING

☐ N/A initials: _____

Please read carefully and only tick the option that applies to you:

- ☐ I am not currently receiving funding for courses through the Australian Government or State and Territory Government program in relation to the training that will be covered by the **CERTIFICATE 3 GUARANTEE PROGRAM**.
- ☐ I am not currently receiving funding for courses through the Australian Government or State and Territory Government program in relation to the training that will be covered by the **HIGHER-LEVEL SKILLS PROGRAM**
- ☐ I am not currently enrolled in, or receiving funding for another course

Please select one:

- ☐ I do not currently have a **Certificate III** qualification or above (C3G only), or
- ☐ I do not currently have a **Certificate IV** qualification or above (HLS only)

AND

- ☐ I have finished school, or am no longer enrolled at school (including home schooling)

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.

Name of person making the declaration:

Signature of person making the declaration:

Date:

7. PRIVACY NOTICE – To be completed by the applicant

The Queensland Government allocates training places for participants to undertake qualifications under Government Funding. **Training Tailor Made** has been approved to deliver a qualification which participants will be entitled to undertake under the funding 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 funding program
- if you are eligible to participate in the funding 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 funding program;
- monitoring the service given by **Training Tailor Made** to you and your satisfaction with the funding program;
- DETE generally administering the funding 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. (Information given in the student 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 funding program chosen in this application.

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: _____

Signature: _____

Date: _____