



### RTO use only:

- C3G     C3 JTF     C3 B2W  
 HLS     HLS JTF     HLS B2W

## ENROLMENT FORM

### 1. STUDENT INFORMATION – Applicant to complete

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

**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 file (one required)**

**AND**

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**

<i>To be completed by the RTO</i>	
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: <b>07 5537 4239</b>

## 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:**

\_\_\_\_\_

**JOBTRAINER FUNDING (Option 1)**

N/A    initials: \_\_\_\_\_

**FOR INDIVIDUAL SUPPORT OR CHILDCARE ONLY  
(for community services or youth intervention please see Option 2)**

- I have not previously completed a qualification funded under the **JobTrainer Fund**, and
- I am seeking or intending to seek paid employment or self-employment after completing the qualification
- I am a Queensland resident permanently residing in Queensland
- I am an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen, and
- 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 an indictable offence (e.g., sexual assault)**
  - **convicted of and sentenced to imprisonment for any other form of assault**
- I am not currently enrolled in, or receiving funding for another course
- I am not currently enrolled in school (including home-schooling)
- I am a Queensland resident permanently residing in Queensland
- I am an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen, and

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:**

\_\_\_\_\_

## JOBTRAINER FUNDING (Option 2)

N/A initials: \_\_\_\_\_

### FOR COMMUNITY SERVICES OR CHILD, YOUTH AND FAMILY INTERVENTION ONLY

- I have not previously completed a qualification funded under the **JobTrainer Fund**, and
- I am seeking or intending to seek paid employment or self-employment after completing the qualification
- I am not currently enrolled in, or receiving funding for another course
- I am not currently enrolled at school
- Are you a job seeker, a school leaver or young person?
  - Out of work
  - In receipt of income support payment, or carer payments
  - Young person or school leaver
  
- I am a Queensland resident permanently residing in Queensland
- I am an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen, and
- If you have been a citizen or resident of another country other than Australia after the age of 16, I have never been convicted of an indictable offence (e.g., sexual assault) or convicted of and sentenced to imprisonment for any other form of assault in another country**

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:

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Signature of person making the declaration:

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Date:

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## 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 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:

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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. (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:

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Signature:

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Date:

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## 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:

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Signature:

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Date:

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