2014 Skills for All Application Form

Please complete all sections of this form

Skills for All eligibility

These courses are subsidised through the Government of South Australia’s Skills for All initiative. The Australian Institute of Social Relations is a Skills for All Training Provider.

Are you eligible for government funding for this course? You can check on the Skills for All website and answer some quick questions to find out if you are: http://www.skills.sa.gov.au/training-learning/check-your-eligibility

☐ YES complete this form
☐ NO you will need to complete the full fee paying application form and enrolment form.

Which course are you applying to enrol in?

Entry Level Qualifications:

☐ CHC30408 Certificate III in Disability

Workplace and Up Skilling Qualifications:

☐ CHC40312 Certificate IV in Disability
☐ CHC40512 Certificate IV in Mental Health
☐ CHC40708 Certificate IV in Community Services Work
☐ CHC40808 Certificate IV in Community Development
☐ CHC42512 Certificate IV in Community Services (Information, advice and referral)
☐ CHC40213 Certificate IV in Relationship Education
☐ CHC41012 Certificate IV in Community Services (Advocacy)

Advanced Skill Level Qualifications:

☐ CHC50108 Diploma of Disability
☐ CHC52008 Diploma of Community Services (Case management)
☐ CHC52108 Diploma of Community Services (Financial counselling)

An Advanced Skill Level Qualification appropriate to Organisational Managers:

☐ CHC60312 Advanced Diploma of Community Sector Management
Personal details

Surname: ......................................................................... Given Name(s): .................................................................

Preferred Name: .......................................................... Date of Birth: ……../….…./…….

Postal Address: ....................................................................... Suburb:................................................ State:……Postcode:..............

Home Phone: ................... Work Phone: ..................... Mobile Phone: .................................................................

Email Address (please print clearly):

Workplace details

Are you employed?  ○ YES (if yes, please complete this section)  ○ NO (go to next section)

Is your organisation financially supporting your participation in this program?
○ YES (ask them to prepare a purchase order to accompany your application)  ○ NO

Please provide organisation contact details:

Contact person: .................................................................................. Workplace: .................................................................

Postal Address: .................................................................................................................................

Suburb..................................................State......Postcode.........Phone: ........................................................................

Email Address (please print clearly):

How would you rate your ability to:

- Read and understand English  ○ Poor  ○ Adequate  ○ Good
- Engage in conversations using English  ○ Poor  ○ Adequate  ○ Good
- Simple calculations (adding, subtracting, counting)  ○ Poor  ○ Adequate  ○ Good
- Use a calendar/diary  ○ Poor  ○ Adequate  ○ Good
- Make comparisons using data  ○ Poor  ○ Adequate  ○ Good
- Organise information  ○ Poor  ○ Adequate  ○ Good
- Create short written reports  ○ Poor  ○ Adequate  ○ Good
- Use simple functions on a computer such as
  sending and receiving email, using Microsoft
  Word and using the internet  ○ Poor  ○ Adequate  ○ Good
Application details

Do you have the capacity to meet the time commitment required to participate in the course, attendance at all training sessions plus any associated work placement and out of class self paced learning activities?  ○ YES  ○ NO

Please list relevant experience, paid or unpaid; please indicate when and over what timeframe:

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Current work and/or study:

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Do you have any specific needs that require additional support by the Course Facilitator? If so, please detail:

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Have you accessed, read and understood the Australian Institute of Social Relations Student Handbook?  ○ YES  ○ NO

Payment of Fees
These fees are the student contribution/enrolment fee (please note, all fees are exempt from GST):

Certificate III $300 | Certificate IV $450 | Diploma $660 | Advanced Diploma $720

Please include the relevant fee with your application and tick the preferred payment method below:

○ Please charge $ _ _ _ _ _ _ _ _ to my Credit Card _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _
  Visa or Mastercard (please circle)  Expiry Date _ _ / _ _  CVV _ _ _
  Name on card _______________________________________________________

○ Cheque (made payable to Australian Institute of Social Relations)

○ Cash or eftpos (you will need to bring your forms in to our office with your payment)

○ My work is paying (a purchase order is required from your workplace, please attach on a Company or Organisation letterhead with your application)

○ Payment plan requested (you will need to pay a minimum of $100 deposit with your application) you will require a credit/debit card and we will contact you to set up a regular payment schedule

Payment options are available and are detailed in our student handbook.
Signature
I have honestly and accurately provided information contained on this application form

Applicant Signature: ................................................................. Date: ................................................

Further Information
When your application form has been assessed you will receive an email or letter notifying you of your acceptance or whether we require further information. Applications for Recognition can be submitted at any time.

Contact details
Please complete this form including additional paperwork as requested and post, fax or email to:

Paul Herbig
Australian Institute of Social Relations
49a Orsmond Street
Hindmarsh SA 5007

Phone: (08) 8245 8100  Fax: (08) 8346 7333  Email: RTO@rasa.org.au

Please ensure that you complete all sections on these forms (10 pages in total), these must be returned with your enrolment fee so that your application is not delayed.

- Skills for All Application Form
- Skills for All Participant Information Form
- Collection and Use of Personal Information Form
# Skills for All Participant Information Form | Nationally Recognised Training

## Do you have a Skills for All Number?
If yes, please provide the 9 digit number:

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If no or don’t know tick box

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## Personal and Contact Details

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<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Preferred Name</th>
<th>Last Name</th>
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<tr>
<th>Flat / Unit Number</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Suburb</th>
<th>Postcode</th>
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<tr>
<th>Telephone (Home)</th>
<th>Telephone (Work)</th>
<th>Telephone (Mobile)</th>
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<tr>
<th>Email (please print clearly)</th>
<th>Date of Birth (DD/MM/YYYY)</th>
<th>Gender</th>
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Postal Address (leave blank if same as above)

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<th>PO Box or Roadside Delivery Box</th>
<th>Suburb</th>
<th>State / Territory</th>
<th>Postcode</th>
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## Course Information

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<th>Course Name</th>
<th>Start Date</th>
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## Emergency Contact

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<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
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<tr>
<th>Relationship</th>
<th>Telephone</th>
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<table>
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<th>Address</th>
<th>Suburb</th>
<th>State / Territory</th>
<th>Postcode</th>
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## Employer Details

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<tr>
<th>Employer Postcode</th>
<th>Employer Suburb</th>
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## Part a) - Eligibility

### 1. Residency Details

**In which country were you born?**
- [ ] Australia
- [ ] Other – Please Specify ____________________

**Resident Type**
- [ ] Australian citizen
- [ ] New Zealand citizen living in South Australia
- [ ] Permanent Australian resident
- [ ] Visa Type – check (Go to 2)

### 2. Visa type (if applicable)

- [ ] Skilled – Regional Sponsored (provisional) Visa, subclass 475 and subclass 495
- [ ] Skilled – Regional Sponsored (provisional) Visa, subclass 487
- [ ] Skilled Nominated or State Territory Sponsored, subclass 489
- [ ] State/Territory Sponsored Business Owner (provisional) Visa, subclass 163
- [ ] State/Territory Sponsored Business Owner (provisional) Visa, subclass 164
- [ ] State/Territory Sponsored Business Owner (provisional) Visa, subclass 165

### 3. Are you currently enrolled in secondary school?

- [ ] No (go to question 4)
- [ ] Yes – if yes, which of the following applies?
  - School Based Apprenticeship, Training Contract
  - Training Guarantee for SACE Students
  - Exemption from attending school

### 4. Highest level of education

- [ ] Bachelor Degree or Higher Degree level
- [ ] Advanced Diploma or Associate Degree level
- [ ] Diploma
- [ ] Certificate IV
- [ ] Certificate III
- [ ] Certificate II
- [ ] Certificate I
- [ ] No post school qualifications

### 5. Are you registered with Centrelink for these allowances?

- [ ] Yes (please tick relevant allowance)
- [ ] No (go to question 6)
- [ ] Newstart Allowance
- [ ] Disability Support Pension
- [ ] Youth Allowance
- [ ] Parenting Payment (single)
- [ ] Age Pension
- [ ] Parenting Payment (partnered)

### 6. Concession – if you have a concession card you must provide a copy

- [ ] Health Care Card
- [ ] Veterans Affairs Concession Card
- [ ] Pensioners Concession Card
- [ ] None
7. Please state Centrelink Customer Reference number (CRN)

8. Centrelink or Concession card benefit expiry

9. Prisoner

- Yes  If yes, contact the Skills for All infoline 1800 506 266
- No

10. Were you/are you under the Guardianship of the Minister

- Yes  If yes, contact the Skills for All infoline 1800 506 266
- No

Part b) – Demographic – Mandatory information for AVETMISS reporting

All of these questions must be answered by the student

11. What is your highest COMPLETED school level? *(Tick ONE box only and provide the year you completed)*

- Year 12 or Equivalent
- Year 11 or Equivalent
- Year 10 or Equivalent
- Year 9 or Equivalent
- Year 8 or Equivalent
- Never attended school

In which YEAR did you complete that school level?

12. Your current employment status? *(Tick ONE box only)*

- Full time employee
- Employed – unpaid worker in a family business
- Part time employee
- Unemployed – seeking full time work
- Self employed – not employing others
- Unemployed – seeking part time work
- Employer
- Not employed – not seeking employment

13. Do you speak a language other than English at home? *If more than one language, indicate the one that is spoken most often*

- No, English only
- Yes, other - please specify

14. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

15. Are you of Aboriginal or Torres Strait Islander origin

*For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes ‘Yes’.*

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
### 16. Do you consider yourself to have a permanent/significant disability?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>If yes, please indicate the area(s) of disability, impairment or long-term condition.</th>
<th>No</th>
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<tr>
<td></td>
<td>Hearing / Deaf</td>
<td>Physical</td>
<td>Intellectual</td>
</tr>
<tr>
<td></td>
<td>Learning</td>
<td>Mental Illness</td>
<td>Acquired brain impairment</td>
</tr>
<tr>
<td></td>
<td>Vision</td>
<td>Medical condition</td>
<td>Other</td>
</tr>
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### 17. What is your main study reason? *(Tick ONE box only)*

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<thead>
<tr>
<th></th>
<th>Get a job</th>
<th>It was a requirement of my job</th>
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<tr>
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<td>To develop my existing business</td>
<td>I want extra skills for my job</td>
</tr>
<tr>
<td></td>
<td>To start my own business</td>
<td>To get into another course of study</td>
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<tr>
<td></td>
<td>To try for a different career</td>
<td>For personal interest or self development</td>
</tr>
<tr>
<td></td>
<td>To get a better job or promotion</td>
<td>Other reasons</td>
</tr>
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### Part c) – Student declaration

**Do you have the language, literacy and numeracy skills to undertake this training?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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<tr>
<td></td>
<td>I have accessed, read and understood the Australian Institute of Social Relations Student Handbook</td>
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<th></th>
<th>Yes</th>
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It is essential that you complete all sections of this form, if not this form may be returned to you and will delay your application process.

I have honestly and accurately provided information contained on this enrolment form. I understand any offer or any subsequent enrolment in a Skills for All training place made on the basis of false or misleading information may be withdrawn by the Skills for All Training Provider and/or the Minister for Employment, Higher Education and Skills.

The Australian institute of Social Relations collects the information on this form for the purpose of auditing participation and the monitoring and reporting of training outcomes for the purpose of fulfilling its obligations as a Registered Training Organisation and as a Skills for All contractor. The information collected will be stored securely and may be accessed by officers of the Department of Further Education, Employment, Science & Technology, the Department of Education, Employment and Workplace Relations, the Australian Skills and Qualifications Authority, the National Centre for Vocational Education Research for the above purposes. The Institute complies with the South Australian Government’s Information Privacy Principles and Skills for All contract clause 28 and 28.5.

Signature:

Date: ………../…………/………

Last updated 6 February 2013 (5)
**SKILLS FOR ALL**

**COLLECTION AND USE OF PERSONAL INFORMATION**

I _____________________________________________________________________

(First Name Middle Name Last Name)

of _____________________________________________________________________

_______________________________________________________________________

(Current residential or postal address)

Date of Birth: ___/___/_____, acknowledge and agree that:

1. I wish to participate in Skills For All which allows eligible students to undertake government funded training in Vocational Education and Training Qualifications in specified courses.

2. I accept that the Minister for Employment Higher Education and Skills (Minister) will allocate to me a **Skills For All Student number**, to be used to record my participation in, and the results of, Skills For All government funded training courses.

3. I accept that the assessment as to whether I am eligible to enrol in any specific Skills For All government funded training course will be undertaken by a training provider who has a **Skills For All contract** with the minister.

4. I accept and agree that the Minister, his employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:

   - registered training organisations who have a current Skills For All Contract with the Minister.
   - other South Australian government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and/or compliance;
   - Commonwealth government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance;
   - government agencies (including regulators) in other Australian states and territories responsible and/or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance.

5. By providing my Personal Information as outlined above, I am consenting to the Minister, his employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:

   - statistical reporting and analysis in respect to training outcomes.
• undertaking an evaluation of the training
• promoting the training and Skills for All
• assessing quality of training
• recording the information about my training
• reporting on Skills For All Program

I hereby consent to the collection and use of my Personal Information in the manner outlined above

PRINT FULL NAME: ________________________________________________________________

SIGNATURE: ___________________________ DATE: ___/___/____

Note: If person giving consent is under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN:
___________________________________________

SIGNATURE OF GUARDIAN: __________________________ DATE: ___/___/____