

2015 Application Form

Please complete all sections of this form

Skills for All (S4A) eligibility

Some 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.

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

- I am eligible for *Skills for All*
 I am not eligible for *Skills for All*

Applying for your Unique Student Identifier (USI)

From 1 January 2015 if you are undertaking or continuing nationally recognised training delivered by a registered training organisation you will need to have a Unique Student Identifier (USI).

A USI gives you access to your online USI account which is made up of ten numbers and letters. It will look something like this: 3AW88YH9U5.

A USI account will contain all your nationally recognised training records and results from 1 January 2015 onwards.

Please visit <http://www.usi.gov.au/Pages/default.aspx> to create your USI and record it in the space provided on page 6 of this application form

Which course are you applying to enrol in? please tick

Qualification Title and Code	Skills for All Enrolment Fee Minimum Deposit	Full Skills for All - Total Enrolment Fee payable	Full Fee Paying Enrolment Fee Minimum Deposit	Full Qualification cost Full Fee Paying
CHC30112 Certificate III in Community Services Work	N/A	N/A	\$250	\$2500
CHC30408 Certificate III in Disability	N/A	N/A	\$250	\$2500

Workplace and upskilling qualifications

CHC40312 Certificate IV in Disability	\$100	\$1000	\$450	\$4500
CHC40512 Certificate IV in Mental Health	\$100	\$1000	\$450	\$4500
CHC40708 Certificate IV in Community Services Work	\$150	\$1500	\$450	\$4500
CHC40808 Certificate IV in Community Development	\$175	\$1750	\$450	\$4500
CHC41812 Certificate IV in Youth Work	N/A	N/A	\$450	\$4500
CHC42412 Certificate IV Relationship Education	\$150	\$1500	\$450	\$4500
CHC41012 Certificate IV Community Services (advocacy)	\$150	\$1500	\$450	\$4500
CHC42512 Certificate IV in Community Services (Information, advice and referral)	\$150	\$1500	\$450	\$4500
TAE40110 Certificate IV in Training and Assessment	N/A	N/A	\$250	\$2500

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:

.....

.....

.....

Current work and/or study (please provide attainments for completed studies in the last 2 years)

.....

.....

.....

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

.....

.....

.....

Have you accessed, read and understood the Australian Institute of Social Relations Student Handbook? YES NO
Access student hand book [HERE](http://www.socialrelations.edu.au/studenthandbook.aspx) (<http://www.socialrelations.edu.au/studenthandbook.aspx>)

Payment of Student Enrolment Fee (GST Free) For payment of the 'Enrolment Fee' in full

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 to make 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

- Please send me a payment plan form

***NOTE:** In order to secure your enrolment (for either *Skills for All* subsidised or Full Fee paying qualifications) you will need to pay the minimum deposit listed on the table on pages 1-2 of this application form. Please record your credit card details in the space provided above.

Declaration

- I have attached a copy of my drivers licence or other proof of identification
- I have attached a copy of my current concession card (if applicable)
- I have registered for a unique Student Identifier

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:

RTO Admissions
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, these must be returned with your enrolment fee so that your application is not delayed.

- **Application Form**
 - **Participant Information Form**
 - **Collection and Use of Personal Information Form (*Skills for All courses only*)**
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Participant Information Form | Nationally Recognised Training

<p>Do you have a Skills for All Number? If yes, please provide the 9 digit number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If no or don't know tick box <input type="checkbox"/></p> <p>Unique Student Identifier – please provide your ten digit number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>OFFICE USE ONLY</p> <p>RTO internal unique student ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Training Contract number (if Applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/></p>
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Personal and Contact Details				
Title	First Name	Middle Name	Preferred Name	Last Name
Residential Address				
Flat / Unit Number	Street Number	Street Name	Suburb	Postcode
Telephone (Home)		Telephone (Work)		Telephone (Mobile)
Email (please print clearly)			Date of Birth (DD/MM/YYYY)	Gender
Postal Address (leave blank if same as above)				
PO Box or Roadside Delivery Box	Suburb	State / Territory	Postcode	

Course Information	
Course Name	Start Date

Emergency Contact			
Title	First Name	Last Name	
Relationship		Telephone	
Address	Suburb	State / Territory	Postcode

Employer Details	
Employer Postcode	Employer Suburb

Part a) - Eligibility

1. Residency Details	
In which country were you born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other – Please Specify _____
Resident Type	
<input type="checkbox"/> Australian citizen	<input type="checkbox"/> New Zealand citizen living in South Australia
<input type="checkbox"/> Permanent Australian resident	<input type="checkbox"/> Visa Type – check (Go to 2)

2. Visa type (if applicable)
<input type="checkbox"/> Skilled – Regional Sponsored (provisional) Visa, subclass 475 and subclass 495
<input type="checkbox"/> Skilled – Regional Sponsored (provisional) Visa, subclass 487
<input type="checkbox"/> Skilled Nominated or State Territory Sponsored, subclass 489
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 163
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 164
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 165

3. Are you currently enrolled in secondary school?		
<input type="checkbox"/> No (go to question 4)		<input type="checkbox"/> Yes – if yes, which of the following applies?
<input type="checkbox"/> School Based Apprenticeship, Training Contract	<input type="checkbox"/> Training Guarantee for SACE Students	<input type="checkbox"/> Exemption from attending school

4. Highest level of education	
<input type="checkbox"/> Bachelor Degree or Higher Degree level	<input type="checkbox"/> Certificate III
<input type="checkbox"/> Advanced Diploma or Associate Degree level	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV	<input type="checkbox"/> No post school qualifications

5. Are you registered with Centrelink for these allowances?	
<input type="checkbox"/> Yes (please tick relevant allowance)	<input type="checkbox"/> No (go to question 6)
<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Disability Support Pension
<input type="checkbox"/> Youth Allowance	<input type="checkbox"/> Parenting Payment (single)
<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (partnered)

6. Concession – if you have a concession card you must provide a copy	
<input type="checkbox"/> Health Care Card	<input type="checkbox"/> Veterans Affairs Concession Card
<input type="checkbox"/> Pensioners Concession Card	<input type="checkbox"/> None

7. Please state Centrelink Customer Reference number (CRN)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8. Centrelink or Concession card benefit expiry
<input type="text"/>

9. Prisoner	
<input type="checkbox"/> Yes <i>If yes, contact the Skills for All infoline 1800 506 266</i>	<input type="checkbox"/> No

10. Were you/are you under the Guardianship of the Minister	
<input type="checkbox"/> Yes <i>If yes, contact the Skills for All infoline 1800 506 266</i>	<input type="checkbox"/> 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? <i>(Tick ONE box only and provide the year you completed)</i>	
<input type="checkbox"/> Year 12 or Equivalent	<input type="checkbox"/> Year 9 or Equivalent
<input type="checkbox"/> Year 11 or Equivalent	<input type="checkbox"/> Year 8 or Equivalent
<input type="checkbox"/> Year 10 or Equivalent	<input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?	
<input type="text"/>	

12. Your current employment status? <i>(Tick ONE box only)</i>	
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed – seeking full time work
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking part time work
<input type="checkbox"/> Employer	<input type="checkbox"/> 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?

Yes *If yes, please indicate the area(s) of disability, impairment or long-term condition.*

No

Hearing / Deaf

Physical

Intellectual

Learning

Mental Illness

Acquired brain impairment

Vision

Medical condition

Other

17. What is your main study reason? (Tick ONE box only)

Get a job

It was a requirement of my job

To develop my existing business

I want extra skills for my job

To start my own business

To get into another course of study

To try for a different career

For personal interest or self development

To get a better job or promotion

Other reasons

Part c) – Student declaration

Do you have the language, literacy and numeracy skills to undertake this training?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
I have accessed, read and understood the Australian Institute of Social Relations Student Handbook		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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:/...../.....
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To be completed by skills for all training providers

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

Skills for All Student Number

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To be completed by skills for all training providers

- 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:** ____/____/____