
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):

[illegible]

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):

[illegible]

How would you rate your ability to:

- | | | | |
|---|----------------------------|--------------------------------|----------------------------|
| ▪ Read and understand English | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Engage in conversations using English | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Simple calculations (adding, subtracting, counting) | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Use a calendar/diary | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Make comparisons using data | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Organise information | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Create short written reports | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Use simple functions on a computer such as
sending and receiving email, using Microsoft
Word and using the internet | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> 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:

.....

.....

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 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 Phone: (08) 8245 8100 Fax: (08) 8346 7333 Email: RTO@rasa.org.au
Australian Institute of Social Relations
49a Orsmond Street
Hindmarsh SA 5007

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**
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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: <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"/>	<div>OFFICE USE ONLY</div> 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"/> 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"/>
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Personal and Contact Details				
Title	First Name	Middle Name	Preferred Name	Last Name
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)

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8. Centrelink or Concession card benefit expiry

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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)

<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?

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

<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?		
<input type="checkbox"/> Yes <i>If yes, please indicate the area(s) of disability, impairment or long-term condition.</i>		<input type="checkbox"/> No
<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Other

17. What is your main study reason? (Tick ONE box only)	
<input type="checkbox"/> Get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> 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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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:** ____/____/____