**COURSE TITLE:** **Date:**

**Personal details**

Family name: (surname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Student Identifier (USI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Tomaree Community College permission to access my USI records to verify the number I have provided

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Preferred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male:  Female:

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of your usual residence:**

Building /property name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flat /Unit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or lot number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

The questions below are designed to ensure we can accurately assess the learning and course fee support needs for students enrolling in vocational courses. Under the NSW Government policy of Smart and Skilled /community services obligation funding most students in rural areas will be entitled to some discount on Vocational training. Your assistance by providing this information will allow us to accurately establish the fee.

**Language and cultural diversity**

**Are you an Australian citizen?**

**In which country were you born?**

**Australia**  Other please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you an Australian resident**  Yes  No

**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 please specify which language

**How well do you speak English?**

Very well  Well  Not well  Not at all

**Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

No  Yes, Aboriginal  Yes, Torres Strait Islander

**Disability**

**Do you consider yourself to have a disability, impairment, or long-term condition? Yes  No**

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:** (You may indicate more than one area)

Hearing/deaf  Do you need special assistance to complete this course? **Yes  No**

Physical

Intellectual  What type of support do you think would be helpful?

Learning  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental illness

Acquired brain impairment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision

Medical condition  Do you require literacy or additional learning support? **Yes  No**

Other

**Schooling**

**What is your highest COMPLETED school level? (Tick ONE box only)**

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent

Year 9 or equivalent  Year 8 or below  Never attended school

**In which YEAR did you complete that school level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you still attending secondary school? YES  NO

**Previous qualifications achieved.**

**Have you successfully completed any of the following qualifications? YES  NO**

**If YES, then tick ANY applicable boxes.**

Bachelor Degree or higher  Advanced diploma or associate degree

Diploma or associate diploma  Certificate IV

Certificate III  Certificate II

Certificate I  Certificate other that above

**Employment**

**Of the following categories, which BEST describes your current employment status?** (**Tick ONE box only**)

Full time employee  Part-time Employee

Self employed-not employing others  Employer

Employed-unpaid worker in family business  Unemployed-seeking part-time work

Unemployed-seeking full time work  Not employed-not seeking work

**If you are in receipt of a Commonwealth Benefit you may be entitled to a fee subsidy** (Please tick the box if you receive any of these benefits)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age Pension | Austudy (including Veterans' Children Education Scheme) | Carer Payment | Disability Support Pension (1st enrolment fee exempt) | Exceptional Circumstances Relief Payment |
| Family Tax Benefit Part A | Farm Help Income Support | Mature Age Allowance | Newstart Allowance | Parenting Payment (Single) |
| Sickness Allowance | Special Benefit | Veterans' Affairs Payments | Widow Allowance | Widow Pension (including Widow 'B' Pension) |
| Wife Pension | Youth Allowance | If a student is a recipient of an eligible benefit or allowance, the concession fee may also be available to a dependent child, spouse or partner | | |

**Referral Pathway**

Have you been unemployed for longer than 12 months? **Yes  No**

Is the student a client of an Employment Services Provider (ESP)? **Yes  No**

What is the Employment Services Provider Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the student's Client ID Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the Employment Services Provider refer the student to the training? **Yes  No**

What is the referral ID number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study reason**

**Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)**

To get a job  To develop my existing business  To develop my existing business

To try for a different career  To get a better job or promotion  It was a requirement of my job

Extra skills for my job  To get into another course of study  Personal interest or self-development

Other reasons

Are you applying for recognition of prior learning (accredited course students only) **Yes**  **No**

Your signature on this enrolment form is your consent for this information to be made available for research, statistical analysis and evaluation by Government and internal management purposes.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office use only**

**Eligibility checklist for nsw smart and skilled and/or nsw ace community service obligation (CSO) subsidy**

Photo ID copy taken and attached to this form YES  NO

Name, date and signature of Enrolment Officer confirming sight of the Photo ID

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Is the student eligible for Smart and Skilled Entitlement Program? YES  NO

Is the student eligible for the CSO funding? YES  NO

Is the student eligible under identified target group? YES  NO

**Office use only**

Is the student unable to access their Entitlement due to significant barriers? YES  NO

Target Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Barriers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Is the student from a regional or remote community and cannot access YES  NO

Smart and Skilled Training in another location?

Basis for eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_