

2012 Existing Worker Eligibility and Training Plan Form - Productivity Places Program

Qualification Name

National Code

Participant Details (Existing Worker)

First Name

Middle Name

Training Delivery
Commencement Date

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Last Name

Date of Birth

Gender
☐ M ☐ F

Home Phone

Mobile Phone

Residential Address

Suburb

State

Post Code

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Email Address

Optional Information

I identify as being:

- ☐ Aboriginal
☐ Torres Strait Islander
☐ Disability, Impairment or Long Term Condition
☐ Non-English Speaking Background

Department issued PPP
Student ID number**Employer Details**Business Trading
Name

Business Address

Suburb

State

Post Code

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Eligibility InformationI am an Australian Citizen,
Permanent Resident or
Humanitarian Refugee and
I have provided evidence
of this:

- ☐ Australian Birth Certificate
☐ Australian Passport
☐ Naturalisation Certificate
☐ Green Medicare Card
☐ Visa

*Note: Ensure number is
recorded as confirmation
evidence has been
supplied*

Number

Registered Training Organisation (RTO) Details

RTO Name

RTO National Code

Business Address

Contact Person

Suburb

State

Post Code

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Contact Phone

Training Delivery Information

The Training Plan must detail the planned training delivery using the below legends. The proposed start and end date of training and assessment may change as the PPP participants progress is reviewed. It is the responsibility of the RTO to negotiate the training program with the participant and their employer, provide the participant and their employer with a copy and also ensure the original and any amended Training Plans are kept on file.

ACT Structured Delivery Categories

- A - Fully off worksite by RTO/Classroom instruction
- B - Distance learning and remote learning by RTO
- C - Fully on worksite (other than distance) by RTO
- D - Blended by RTO includes use of distance learning resource
- F - Blend by RTO and employer

Assessment Method - can be more than one

- | | | | |
|----|---------------------------|-----|------------------------------|
| P | = Project | KBA | = Knowledge Based Assessment |
| PF | = Portfolio | OBS | = Observation |
| PD | = Practical Demonstration | O | = Other (please specify) |

Unit Code	Unit Title	Credit Transfer applied	RPL (applied for or granted)	ACT Structured Delivery Categories	Proposed start & end date (DD-MM-YY) of Training and Assessment Delivery for each competency		Assessment Method																				
Competencies																											
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EMPLOYER DECLARATION - Please acknowledge by ticking boxes and signing below

☐ I have been fully informed about the **qualification** to be undertaken. I have discussed, understand and are satisfied with the attached Training Plan arrangements to support and deliver the training and I have received a copy of the Training Plan for my records. **Recognition of Prior Learning arrangements** (RPL) have been explained to the participant and were offered prior to training commencing.

Signature Full Name Date Position Contact Phone Email Address **PRIVACY NOTICE - To be completed by the Existing Worker**

The Australian Government allocates training places for participants to undertake qualifications under the Productivity Places Program. The RTO nominated on the attached Training Plan has been approved to deliver a qualification which participants will be entitled to undertake under the Productivity Places Program which is funded by the Australian Government. The personal information you provide on this form will be collected and used by the RTO for the purposes of:

- assessing your eligibility for the Productivity Places Program;
- if you are eligible to participate in the Productivity Places Program, all aspects of enrolment, administration and delivery of the qualification; and
- advising your employer (if appropriate) of your participation and attendance in training.

Your nominated RTO may also collect and disclose your personal information to the Education and Training Directorate (the Directorate) and Australian Government agencies, including but not limited to the Department of Education, Employment and Workplaces Relations (DEEWR) and Centrelink, for the purposes of:

- the Directorate confirming your eligibility for a training place;
- informing the Directorate that you have enrolled in an approved qualification;
- informing the Directorate of your completion, non completion or withdrawal from an approved qualification;
- reporting to the Directorate's Minister and DEEWR on the Productivity Places Program;
- monitoring the service given by your nominated RTO to you and your satisfaction with the Productivity Places Program; and
- the Directorate generally administering the Program.

The Directorate may also disclose your personal information to another person, body or agency without your consent where authorised by law.

I confirm I have read and understood the above information and consent to the stated uses of my personal information.

Signature Form No: PPP_EW_2012_V1 Date

PARTICIPANT DECLARATION - Please acknowledge by ticking boxes and signing below

- ☐ I am of working age, 15 years and above, and I have provided evidence of my age (e.g. Passport, Birth Certificate, Current Drivers Licence, Proof of Age Card)
- ☐ I am currently not enrolled in other post secondary education and training.
- ☐ My day to day workplace is located in the Australian Capital Territory, or I reside in the Australian Capital Territory
- ☐ I consent to being contacted regarding my study or employment status for up to 24 months after completion of my PPP training.
- ☐ I have read, understood and signed the **Privacy Notice** stating how my personal information can be used.

- ☐ I have been fully informed about the **qualification** to be undertaken. I have discussed, understand and are satisfied with the attached Training Plan arrangements to support and deliver the training and I have received a copy of the Training Plan for my records. **Recognition of Prior Learning arrangements** (RPL) have been explained and were offered to me prior to training commencing.

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.

Signature

Date

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RTO DECLARATION - Please acknowledge by ticking boxes and signing below

- ☐ I have confirmed the Existing Worker is eligible against the PPP Requirements, gathered all the required evidence, and where required copies of the evidence are on file.
- ☐ Evidence of Australian Citizen, Permanent Resident or Humanitarian Refugee recorded ☐ Evidence of working age sighted
- ☐ Confirmed that the participant lives or works in the ACT. ☐ Participant Declaration fully completed
- ☐ 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 prerequisite requirements for the qualification.
- ☐ I have supplied a copy of the Training Plan to the Existing Worker and recognition arrangements (RPL) have been explained and offered prior to the commencement of training.

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

Date

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