Form No: PPP_JS_2012_V1	2012 Job Seeker E	ligibility and	Training Plan Form - P	roductivity Places	Program
Qualification Name					National Code
Participant Details (Jol	b Seeker)				
First Name		Middle Name		Training Deliver Commencemen	
Last Name		Date of Birth		ender //  Referral Metho	od
Home Phone		Mobile Phone		☐ ESP (Em	ployment Service Provider
Residential Address				Joh Cooken II	Muselean
Suburb		State	Post Code	Job Seeker ID	not registered with ESP)
Email Address				Department issu	ued PPP Student ID
Eligibility Information				Optional Information	
Humanitarian Refugee and I have provided evidence of this:  Note: Ensure number is recorded as confimation	Australian Birth Certificate  Australian Passport  Naturalisation Certificate  Green Medicare Card  Visa  Number	I reside in the ACT and I have provided evidence of this:  Note: Ensure evidence is photocopied and placed on participant file	☐ Current Drivers Licence  Utilities account relating to the  street address (issued within the last three months)  Contract of Purchase, Current Lease or Rental Document  Statutory Declaration	☐ Torres Strait Islar ☐ Disability, Impairr ☐ Non-English Speal	ment or Long Term Condition
			Grander, Declaration		actioned from work within pact 12 months
Registered Training Or	rganisation (RTO) Details				
RTO Name				RTO National	Code
Business Address				Contact Perso	n
Suburb		State	Post Code	Contact Phone	

## **Training Delivery Information**

**ACT Structured Delivery Categories** 

B - Distance learning and remote learning by RTO

A - Classroom based by RTO

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 Job Seeker, provide the Job Seeker with a copy and also ensure the original and any amended Training Plans are kept on file.

PF

Assessment Method - can be more than one

= Project

= Porfolio

C - Fully on worksite (other than distance) by RTO D - Blended by RTO includes use of distance learning resource  PD = Practical Demonstration O = Other (please specified)		Other (please spec	cifiy)						
Unit Code	Unit Title	Cred Trans appl	fer	RPL (applied for or granted)	ACT Structured Delivery Categories	of Train	ed start & en ning and Ass for each co	d date (DD/MM/YY) sessment Delivery mpetency	Assessment Method
Competencies				Header					

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= Knowledge Based Assessment

= Observation

KBA

OBS

Unit Code	Unit Title	Credit Transfer applied	RPL (applied for or granted)	ACT Structured Delivery Categories	Proposed start & en of Training and Ass for each co	d date (DD/MM/YY) sessment Delivery mpetency	Assessment Method

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## PRIVACY NOTICE - To be completed by the Job Seeker

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 employment service provider (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		
Date		

PARTICIPANT DECLARATION - Please acknowledge by ticking boxes and signing below
☐ I am 17 years or 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 post secondary education and training, and I am not currently working more than 15 hours per week.
☐ I am seeking or intending to seek paid employment or self employment after completing the qualification.
☐ 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 <b>Privacy Notice</b> stating how my personal information can be used.
I have been fully informed about the <b>qualification</b> 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. <b>Recognition of Prior Learning arrangements</b> (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 crir offence to provide false or misleading information.
Signature
Date
RTO DECLARATION - Please acknowledge by ticking boxes and signing below
☐ I have confirmed the Job Seeker 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 age sighted
☐ Evidence that the Job Seeker resides in the ACT copied and placed on file ☐ 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 Job Seeker 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 crir offence to provide false or misleading information.
Name
Signature
Date

Form No: PPP\_JS\_2012\_V1