

Course					
Course Code		Start Date:		End Date:	

Student Details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Surname:			Given Names		
Home Address:					Post Code	
Postal Address:					Post Code	
Home Phone		Mobile		Date of Birth		
Email						
USI (Unique Student Identifier)						

Emergency contact details

Name			Relationship		
Phone			Mobile		

Employment Details

Employer / Company Name			Contact Person			
Phone			Email			
Workplace Address:					Post Code	

Electrical licence details

<input type="checkbox"/> Mechanic <input type="checkbox"/> Fitter <input type="checkbox"/> Mechanic/fitter <input type="checkbox"/> Apprentice	Licence number		
<input type="checkbox"/> Other electrical/cabling licence (ie restricted/ACMA)	Licence number		
Please specify			

Employment Status

Which best describes your current employment status (Tick one box only)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid in family business
	<input type="checkbox"/> Unemployed – seeking FT work	<input type="checkbox"/> Unemployed – seeking PT work	<input type="checkbox"/> Not employed, not seeking employment		

Study Reasons

Which BEST describes your main reason for undertaking this training program? (Tick only one box)	<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job/promotion	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get extra skills for my job	<input type="checkbox"/> To try a different career
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get into another Course of study	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other

Schooling

Are you still at secondary school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What year did you complete that school level?
What is your highest completed school level?	<input type="checkbox"/> Yr 8 or lower	<input type="checkbox"/> Yr 9 or equivalent	<input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12 <input type="checkbox"/> Never attended
Did you complete year 12 in Queensland and do you hold a senior statement issued by the Queensland Authority? (records all the learning achievements in a student's Learning Account)			<input type="checkbox"/> YES <input type="checkbox"/> NO

Language and cultural diversity

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify		
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – Aboriginal	<input type="checkbox"/> YES – Torres Strait	
Do you speak a language other than English at home?	<input type="checkbox"/> No – English only		<input type="checkbox"/> Yes (please specify).....	
How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
Are you an Australian citizen?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Are you a permanent resident?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Previous qualifications

Have you successfully completed any of the qualifications below (you may indicate more than one if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Diploma or associate diploma	<input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> Certificate IV or advanced certificate/ technician	<input type="checkbox"/> Certificate III or trade certificate	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than these listed

Disability

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please indicate your area of disability, impairment or long-term condition (you may indicate more than one)			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Acquired brain impairment	
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Vision	<input type="checkbox"/> Other				

Citizenship/Visa Holder Status

In order to satisfy requirements for Construction Skills Queensland (CSQ) funding you must meet citizenship or visa requirements. Please indicate your status. I declare that I am:

I Declare that I am:

Australian or New Zealand Citizen Permanent Resident of Australia Refugee or humanitarian visa holder

Please attach a Certified copy of one of the following documents to your enrolment form

Birth Certificate Passport Medicare Card (Green)

Queensland Resident/Queensland Employment Status

CSQ requires that eligible participants must be either permanently residing in Queensland or permanently employed in Queensland. Please indicate your status below.

I Declare that I am:

Permanently residing in Queensland Permanently employed in Queensland

Please attach a Certified copy of one of the following documents to your enrolment form:

Qld Driver's Licence Telephone Account Bank Statement

Real Estate Agent Statement Other formal documentation stating full name and current residential address

Building and Construction Industry Existing Worker Status

In order to satisfy CSQ requirement, you must be an existing working in the Building and Construction Industry and have at least one month's employment relationship with your employer. Self-employed workers are eligible if they can provide evidence of at least one month employment as a "worker" in the industry. Please tick the relevant boxes

I Declare that I am:

Employed worker in Building & Construction Industry Self-employed worker in the Building & Construction Industry

The business is one of the following:

Micro Business (0-4 FTE) Small Business (5 – 19 FTE) Medium Business (20-199 FTE) Large Business (200+ FTE)

Declarations

Please provide evidence of your Building & Construction Industry Existing Worker status by completing either Employer or Self-Employed Declarations below as well as making the following declaration:

I declare that I am not: (to be eligible you must tick all boxes)

- An employee of an Authority or RTO A contracted trainer or assessor Currently enrolled & participating in a Qld Secondary School Program
 Working in a managerial, clerical, professional or ancillary capacity Funded by an Authority for the delivery of the same training being undertaken

EMPLOYER VERIFICATION – Must be filled out

Company Name: _____ ABN: _____

I hereby confirm that our organisation is part of the Building & Construction Industry in Queensland and that _____

Is currently employed in Queensland as _____ and commenced with us on _____.

Name:			
Signature:		Date:	

SELF-EMPLOYED DECLARATION (if applicable must be filled out)

Company Name: _____ ABN: _____

I hereby confirm that I am self-employed in Queensland's Building & Construction Industry. I am currently a _____

And have been working in this role since _____.

I will provide Electrogroup Training with a copy of any relevant documentation that will support this declaration.

Name:			
Signature:		Date:	

PARTICIPANT DECLARATION: (Must be completed by all participants)

Terms and conditions (Full terms and conditions can be viewed in our Student Handbook by contacting 1800 347 687.)

Privacy: All data collected on this form is confidential and Electrogroup Training only collects this information for the purposes of training and assessment, reporting, administration and evaluation of the program. Electrogroup Training may also disclose personal information to another party without consent where authorised or required by law.

Refund policy: Cancellations received more than 10 working days prior to commencement of course will receive a 50 per cent refund. Cancellations received less than 10 working days prior to the course commencement will not be eligible for a refund. Enrolments however may be transferred to another course provided cancellations are received no less than two working days prior to the course commencement. Participants may be provided with a refund or partial refund of course fees in exceptional circumstances. In the event where a course is cancelled by Electrogroup Training, if the participant cannot be transferred to a suitable alternative course a full refund will be provided. Enrolment will only occur after payment is received and an acknowledgement will be forwarded to you by email/mail to confirm your enrolment.

In signing this declaration I confirm that:

- The information provided and any supporting documentation attached is true and correct to the best of my knowledge.
- I have not completed three (3) CSQ Short Courses in the period between 1 October, 2014 and 30 September, 2015.
- I hereby acknowledge and accept the terms and conditions of enrolment and cancellation.
- I agree to abide by Electro Group Training policy and procedures and acknowledge that the facilities made available for my use, will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.

Name:			
Signature:		Date:	

Student declaration (Read carefully before signing) Enrolments made by students under the age of 18 years must be signed by a parent / guardian. I hereby certify that, the particulars herein are correct.

Parent Name:	Signature:
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Payment Details

If you are not willing to provide payment details, please call our office to make payment – 3274 1533

Participant contribution

Card Number		CCV Code	
Expiry Date			
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Name on Card
Signature			\$

The CCV Code is the last 3 digits on the back of the card

Participant Eligibility Requirements

For the purpose of eligibility, participants under this agreement must meet the following criteria:

1. ELIGIBLE PARTICIPANT MEANS:

- a) An existing worker; and
- b) An eligible worker

AND MUST BE:

- a) An Australian or New Zealand citizen; or
- b) A permanent resident of Australia; or
- c) A refugee and humanitarian visa holder

AND MUST:

- a) Permanently reside in Queensland; or
- b) Be permanently employed in Queensland

An Existing Worker is a current Employee in the Building and Construction Industry who has a one month or more employment relationship with their Employer. The working relationship can be built up through full-time, part-time or casual employment or engagement as a contract worker.

An Eligible Worker has the same meaning as the Building and Construction Industry (Portable Long Services Leave) Act 1991 (Qld) as amended from time to time.

2. NON ELIGIBLE PARTICIPANT UNDER THIS AGREEMENT ARE:

- a) An Employee of any authority or RTO;
- b) Currently enrolled and participating in a Queensland secondary school program (excluding a school based apprentice or trainee);
- c) A contracted trainer or assessor or existing worker of an RTO;
- d) Previously funded under this program for three (3) Short Course in the same Contract Term;
- e) Funded by an Authority or such other source for delivery of the same Training being undertaken as part of this program;
- f) Those participants seeing a Verification of Competency (or determination of competency) services under this agreement; or
- g) Other individuals that do not meet participant eligibility as prescribed in Item 1 of participant eligibility requirements

Please make sure to add your company logo or letter head

Employment verification letter

[Date]

To whom it may concern,

This letter confirms that [*Name of Employee*] has been an employee with [*Company Name*] within the past 6 months. *He/she* was last employed with our company on [*last date of employment*].

He/She was working in [*State/Suburb work is being conducted*]

His/Her was undertaking the role as [*Job Title*]. Listed below are general tasks that were completed by the employee.

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-
-
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Kind Regards,

Signature

[*Your Name*]

[*Company Name*]

[*Your Title*]