



House  
with No  
Steps

Thank you for your enquiry regarding the CHC30408 Certificate III in Disability that is funded by the Qld Government Certificate 3 Guarantee. Please find attached a course flyer giving information about the course, an enrolment form and an acknowledgement form.

Read through the information in the course flyer and, if you require any further information, please contact us at: [trainingqld@hwns.com.au](mailto:trainingqld@hwns.com.au) or phone: 0434 154 857.

Should you decide to continue with your application you should complete the enrolment form and get certified copies of the documents outlined below:

- a. Proof of date of birth (eg Drivers License; Aust or NZ Passport; 18+ card)
- b. Proof of Qld residence (eg Qld Drivers License-also need copy of back of card showing address; Pension or Health care card showing address; latest electricity/phone/rates bill that shows address). If unsure contact us.
- c. Proof of Australian/NZ Citizenship/permanent residence (eg green Medicare card; Aust or NZ passport; Aust Citizenship Certificate; Aust permanent residence certificate)
- d. Prior qualifications and transcripts (showing units studied)
- e. health care card/pension card **only required** if claiming concession

**NOTE:** some documents may cover off two requirements. For example if you have a Qld Drivers License with your current Qld address on the back **and** have a green Medicare card then that is sufficient to meet the mandatory eligibility requirements (a, b, c).

**Ready to send in your application? Have you:**

- Completed ALL parts of enrolment form, initialled bottom of page 1 and signed page 2
- Completed and signed the acknowledgement form
- Attached certified copies of documents listed at a, b, c – these are mandatory
- Attached certified copies of documents listed at d, e – if applicable

\*copies need to be certified by a Justice of the Peace or Commissioner for Declarations.

If emailing send to: [trainingqld@hwns.com.au](mailto:trainingqld@hwns.com.au) (remember to attach all documents)  
If posting mail to: Education and Training, HWNS, PO Box 2213, Burleigh MDC, Qld 4220  
If personally delivering: Education and Training, HWNS, 35 Hutchinson Street, Burleigh Heads, Qld  
OR Education and Training, HWNS, 9/92 George Street, Beenleigh, Qld

Once the enrolment form and supporting documents are received and eligibility is confirmed you will be contacted regarding the payment and commencement process.

*Karyn Taylor*

Senior Trainer  
Education and Training

# LEARNER ACKNOWLEDGEMENT FORM

## Certificate 3 Guarantee Program

1. I understand I will no longer be eligible for a subsidised training place under the Certificate 3 Guarantee Program once I have completed this Certificate III qualification
2. I do not hold, or am enrolled in, a qualification at Certificate III or higher level (other than a qualification completed while at school)
3. I know what student co-contribution fee is payable by me to undertake this training
4. I have read the House with No Steps refund policy for Certificate 3 Guarantee program. A copy is located at: <http://www.hwns.com.au/Training/Training> (CHC30408 Certificate III in Disability Certificate 3 Guarantee)
5. I agree to complete a student survey within 3 months of completing or discontinuing this training (as per Qld Government requirements under the Certificate 3 Guarantee funding)

Learner name: \_\_\_\_\_

Learner signature: \_\_\_\_\_

Date: \_\_\_\_\_

# TRAINING ENROLMENT FORM



Official use only WiseNet Student ID: .....

## COURSE DETAILS (to be completed by the Trainer)

**Qualification Code and Name:** CHC30408 Certificate III in Disability

Full Qualification    
  Statement of Attainment (Partial Qualification)    
  Non Accredited Course

**If partial qualification, units of competence (code and name) to be delivered:**

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Start Date:	End Date:	Booking ID:	Training Location:
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**Delivery Mode:**  
 Classroom based  
 Employment based  
 Distance  
 Electronic  
 Blended delivery

**Identification type sighted:** ..... **Number:** .....

**Enrolling Officer:**  
**Name:** ..... **Signature:** .....

**PLEASE *PRINT* CLEARLY (where possible, to be completed by the participant).**

## PERSONAL DETAILS

<b>FULL LEGAL NAME</b>		<b>ADDRESS</b>	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		<b>RESIDENTIAL ADDRESS</b>	
First Name:		Number and Street:	
Middle Name/s:	Town / Suburb:	State:	Postcode:
Last Name:		Mailing Address (if different from residential address)	
Date of Birth:	Town / Suburb:	State:	Postcode:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:		
Telephone:			
Home: .....	Work: .....	Mob: .....	

## EMPLOYMENT

**Which of the following best describes your current employment status?**

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employer
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed - Seeking full time work
<input type="checkbox"/> Employed - unpaid family worker	<input type="checkbox"/> Unemployed - Seeking part time work
<input type="checkbox"/> Self employed (not employing others)	<input type="checkbox"/> Not employed - Not seeking employment

**Are you employed by House with No Steps?**      Yes      No      HWNS' Service User

**If yes, please complete the following:**      Supported      Unsupported

**Region:**  
 Hunter    Northern    QLD    Southern NSW & ACT    Sydney    Western    Shared Services

**Division/Site:** ..... **Cost Centre Code:** .....

**Position:** ..... **Supervisor / Manager:** .....

Participant's initials: ..... Continued/

**TRAINING ENROLMENT continued**

<b>EDUCATION</b>	
<b>Still at school?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Highest School Level COMPLETED:</b> <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school <b>Year Highest School Level COMPLETED (e.g. 1995) .....</b>	
<b>Since leaving school, have you COMPLETED any other qualifications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please indicate highest qualification achieved: (please select one only)</b> <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Certificate 3 <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate 2 <input type="checkbox"/> Diploma Level <input type="checkbox"/> Certificate 1 <input type="checkbox"/> Certificate 4 <input type="checkbox"/> Miscellaneous (any other qualification)	

<b>LANGUAGE AND CULTURE</b>	
<b>In which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify: .....
<b>Do you speak a language other than English at home?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - <b>If yes</b> , what language? .....
<b>How well do you speak English?</b>	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All

<b>CITIZENSHIP OR RESIDENCY STATUS</b>		
<input type="checkbox"/> Australian citizen	<input type="checkbox"/> New Zealand citizen	<input type="checkbox"/> Australian permanent resident

<b>Do You Have a Recognised Disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please specify type of disability: ..... Do you require special assistance because of your disability? ..... Do you have any other special needs (e.g. dietary)? please specify .....	
<b>Are you of Aboriginal or Torres Strait Islander origin?</b> <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander <input type="checkbox"/> No Neither Aboriginal nor Torres Strait Islander	

<b>FURTHER INFORMATION</b>	
<b>Reason for undertaking this course:</b> (please select one only) <input type="checkbox"/> To get a job <input type="checkbox"/> For self development <input type="checkbox"/> To try for a different career <input type="checkbox"/> A requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To get into further education or training <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other reasons	
<b>NOTE:</b> The information requested on this form is used for research, statistical and management purposes. In supplying the requested information, the participant is deemed to have consented to the use of the information for those purposes. Information relating to enrolment, attendance and assessment may be released to State & Commonwealth Training Authorities. * Information on age, race, language, education & employment are statistics the government requires us to collect	
<b>Participant Signature:</b> .....	<b>Date:</b> .....

\* Please sign form before returning to Education & Training