



House
with No
Steps

Thank you for your enquiry regarding the CHC40312 Certificate IV in Disability that is funded by the Qld Government Higher Level Skills program. 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 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 (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



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LEARNER ACKNOWLEDGEMENT FORM

Higher Level Skills Program

1. I understand I will no longer be eligible for another subsidised training place under the Higher Level Skills Program once I have completed this qualification.
Note: if you are completing a skill set, you may still be eligible to complete a Certificate IV under the Higher Level Skills program if completion of the Certificate IV qualification is likely to lead to a further positive employment outcome, eg more hours or promotion.
2. I do not hold, or am enrolled in, a qualification at Certificate IV 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 Higher Level Skills program. A copy is located at: <http://www.hwns.com.au/Training/Training> (CHC40312 Certificate IV in Disability Higher Level Skills)
5. I agree to complete a student survey within 3 months of completing or discontinuing this training (as per Qld Government requirements under the Higher Level Skills 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: CHC40312 Certificate IV 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

FULL LEGAL NAME		ADDRESS	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		RESIDENTIAL ADDRESS	
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

EDUCATION	
Still at school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Highest School Level COMPLETED :	
<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	
Year Highest School Level COMPLETED (e.g. 1995)	
Since leaving school, have you COMPLETED any other qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate highest qualification achieved: (please select one only)	
<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)

LANGUAGE AND CULTURE	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify:
Do you speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what language?
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

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

Do You Have a Recognised Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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	
Are you of Aboriginal or Torres Strait Islander origin?	
<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

FURTHER INFORMATION	
Reason for undertaking this course: (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	
NOTE:	
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	
Participant Signature:	Date:

* Please sign form before returning to Education & Training