

Higher Level Skills Funding - Enrolment Form

Personal Details		
Unique Student Identifier Number: _____		
Title: Mr / Mrs / Ms / Miss Given Names: _____		
Surname: _____		Preferred Name: _____
Street or Postal Address: _____		
Suburb: _____	State: _____	Post Code: _____
Date of Birth: ____ / ____ / ____ Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Email: _____		Alternative email (optional): _____
Mobile: _____	Home Phone: _____	Work phone: _____
Qualification / Course and Expected Commencement Date		
<input type="checkbox"/> SIT40416 – Certificate IV in Hospitality <input type="checkbox"/> SIT40116 – Certificate IV in Travel and Tourism <input type="checkbox"/> SIT50416 – Diploma of Hospitality Management <input type="checkbox"/> SIT50116 – Diploma of Travel and Tourism Management		
Language and Cultural Diversity		
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
Citizenship: Australian Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident <input type="checkbox"/>		
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 of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander		
Disability		
Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify)		
Prior Education / School Information		
What is your highest completed level of schooling?		In which year did you complete that level?
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide the following details
LUI Number: _____		Current year and level: (eg 2011, year 10)
School Name: _____	VET Coordinator: _____	Contact Number: _____
Previous Qualifications		
Have you successfully completed any of the following qualifications?		
<input type="checkbox"/> No <input type="checkbox"/> Yes – please tick any applicable boxes <input type="checkbox"/> Certificate I <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate II <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate IV or Advanced Certificate / Technician <input type="checkbox"/> Certificates other than those above		
Employment (tick one option only)		
Of the following categories, which best describes your current employment status?		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Part Time	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Unemployed – not seeking employment		<input type="checkbox"/> Self employed – employing others
Study Reason (tick one option only)		
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for 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 reasons		

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Emergency Contact		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify)		
Title: Mr / Mrs / Ms / Miss	First Name:	Surname:
Mobile:	Home Phone:	Work Phone:
Address:		
Suburb:	State:	Post Code:

Terms & Conditions of Enrolment		
Please read the following terms and conditions carefully:		

You will only be able to access Government Subsidised training once, therefore it is important that participants consider and compare the training options available to them and associated costs before committing to a course. Further information can be found at the Department of Education, Training and Employment's Website www.training.qld.gov.au

All students are required to complete the Privacy Notice and Student Declaration. The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed. Specific questions may be directed to the Skilling Australia information line on 13 38 73 or via email at VET-DataPolicy@education.gov.au.

Student Eligibility Criteria

To be eligible for the Higher Level Skills Program participants must:

- Be 15 years or older at the time of commencement
- Have completed secondary school or are no longer attending school
- Be a permanent resident of Queensland i.e. Australian Citizen or Australian Permanent Resident or a New Zealand Citizen permanently residing in Queensland
- Not hold or currently be enrolled in a Certificate IV or higher qualification from 1st July 2013. Exemptions may apply to qualifications completed whilst at secondary school.

Please Note: Evidence to confirm eligibility will be required

Student Contribution Fees are as below

	Non-Concessional	Concessional
SIT40212 — Certificate IV in Travel and Tourism	\$1709.00	\$1389.00
SIT50112 — Diploma of Travel and Tourism	\$3635.00	\$3075.00
SIT40313 — Certificate IV in Hospitality	\$ 489.00	\$ 0.00
SIT50313 — Diploma of Hospitality	\$1560.00	\$ 378.00

#Note: Students enrolling in the SIT40313 — Certificate IV in Hospitality are required to be existing workers in the hospitality industry

- The student holds a Health Care concession card or Pensioner concession card issued under Commonwealth law, or is the partner or a dependant of a person who holds a health care concession card or pensioner concession card, and is named on the card The student provides the PQS with an official form under Commonwealth law confirming that the student, his or her partner, or the person of whom the student is a dependant, is entitled to concessions under a health care or pensioner concession card The student is an Aboriginal or Torres Strait Islander

Complete the following and clearly write the Qualification that you wish to undertake and the Student Contribution Fees that you believe you are eligible for.

- I wish to enrol in the qualification and understand and agree to pay a total of \$ _____ to Careers Training Centre for training costs.
- I understand and agree to pay the costs of training should the student cancelled after the student has enrolled and training has commenced. A copy of the Student Handbook can be found on www.careerstrainingcentre.com for details of the cancellation or refund policy.
- I understand that payment plans are available.

A Statement of Attainment or Qualification will not be issued if any outstanding fees are due.

You have read and understood the information contained on pages 1 and 2 and by signing this enrolment form you are acknowledging that all information provided is true / correct and complete.

/ /	/ /
Applicant Signature and Date	Parent Signature and Date -(If Applicants is Under 18)