

Focal Holdings Pty Ltd (A.C.N. 064 243 367)

RTO I.D. 90191

t/a Australian College of Hospitality; The Illawarra Business College; Australian College of Community Care

www.tibc.nsw.edu.au

44 Raymond Street, BANKSTOWN 2200

info@focal.nsw.edu.au

Ph: +61 2 9791 6555, 1800 501 277; 0423 428 467



SMART & SKILLED PROGRAM (Summer School 2021) ENROLMENT APPLICATION AND AGREEMENT

COURSE/S DETAILS (Please select ONE course that you wish to enrol in from the following list):

SG00007102 Statement of Attainment in Disability	<input type="checkbox"/>	CHCSS000097 Individual Support – Ageing Skill Set	<input type="checkbox"/>
SG00007522 Statement of Attainment in Executive Assistant Skills	<input type="checkbox"/>	CHCSS000091 Team Leader Skill Set	<input type="checkbox"/>
SG00007871 Statement of Attainment in Commercial Cookery	<input type="checkbox"/>		

PERSONAL DETAILS – (Please use block letters)

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (Please specify)		
First Name			Middle / Other Name/s			
Family Name						
Date of Birth (Day/Month/Year):			Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Not specified <input type="checkbox"/>
USI Number (If you do not have a USI number, please apply through the USI portal http://www.usi.gov.au/create-your-USI/)			USI -			
Residential Address						
Flat/Unit & Street No			Street Name			
Suburb			Postcode		State/Territory	
Phone/Mobile Number			Email address			

RESIDENCY STATUS

Resident Type (please tick below whichever is applicable)

Australian Citizen	<input type="checkbox"/>	Australian Permanent Resident	<input type="checkbox"/>	New Zealand Citizen	<input type="checkbox"/>	Humanitarian Visa	<input type="checkbox"/>	None of these	<input type="checkbox"/>
Country of Birth	Australia	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Please specify)	City/Town of Birth			

CULTURAL DIVERSITY

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only	<input type="checkbox"/>	Yes, other	<input type="checkbox"/>	(Please specify)				
How well do you speak English?	Very well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Not well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

DEMOGRAPHIC INFORMATION (Please indicate which region is applicable to you)

Are you living in NSW social housing or is your household on the NSW Housing Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
Are you applying under a Summer School program/initiative?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>								
What year did you complete Year 12 secondary school?	2020	<input type="checkbox"/>	2019	<input type="checkbox"/>	2018	<input type="checkbox"/>	2017	<input type="checkbox"/>	2016	<input type="checkbox"/>	2015	<input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin?	No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>						
Have you undertaken any other Smart and Skilled qualifications this calendar year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications since turning 17?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
(If YES, what is your highest education level):	Foundation	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>
Certificate IV or above	<input type="checkbox"/>	Certificate IV or above (with acquired disability)	<input type="checkbox"/>	Bachelor degree or higher degree level	<input type="checkbox"/>			

DISABILITY (Please tick relevant box) Certificate IV and above with acquired disability

Do you have a disability, impairment or long-term condition? (Please tick relevant box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

(If YES, then please indicate the areas of disability, impairment or long-term condition; if NO, please ignore this question)

Hearing/Deaf	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Please specify)			

Have you been assessed by a specialist health professional as a student with a Disability? (If yes, please provide a supporting statement from your medical practitioner, an appropriate government agency, or a relevant specialist allied health professional).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Are you in receipt of a Disability Support Pension (DSP)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Are you a dependent child or spouse/partner of a person in receipt of a Disability Support Pension?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Are you the dependent child, spouse or partner of a recipient of an eligible payment? (If “yes”, please select the relevant category below):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

• Dependent child of a Beneficiary (excluding the Disability Support Pension (CHLD)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

• Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension) (PART)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

• Dependent child of a Disability Support Pension Beneficiary (DCH2)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

• Dependent spouse or partner of a Disability Support Pension Beneficiary (DPA2)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

WELFARE STATUS			
Please indicate your current welfare status			
Dependent Child or Spouse of a welfare recipient <input type="checkbox"/>	Welfare recipient <input type="checkbox"/>	Not a welfare recipient <input type="checkbox"/>	
(If Yes, please indicate the type of payment from the list below):			
<input type="checkbox"/> Jobseeker	<input type="checkbox"/> Austudy / Abstudy	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Disability Support Pension
<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Youth Allowance	<input type="checkbox"/> Newstart Allowance (Not eligible for Traineeships)	
<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Other (please specify)		
(N.B. Attach either a letter or a current Income Statement from the Dept of Human Services (Centrelink), a current Concession Card or any other evidence that shows the CRN and benefit category)			
EMPLOYMENT STATUS			
Which BEST describes your <u>current</u> employment status?			
Unemployed - seeking full-time work <input type="checkbox"/>	Full-time employee <input type="checkbox"/>	Part-time employee <input type="checkbox"/>	
Unemployed - seeking part-time work <input type="checkbox"/>	Not employed - not seeking employment <input type="checkbox"/>	Other status – not specified <input type="checkbox"/>	
Are you a client of an Employment Services (Jobactive) Provider? (If you answer "Yes" to this question please provide the following details):			Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Services (Jobactive) Provider name/I.D.:			
Employment Services Client I.D.:			
Have you been referred to this training by an Employment Services (Jobactive) Provider? (If you answer "Yes" to the above question please provide the following details):			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide your Employer details below (if applicable):			
Employer's Business Name:			
Employer's Contact Name and Address:			
	Level/Suite & Street No	Street:	
	Suburb:	Postcode:	
(Only respond to the following questions if you are not currently working on a full-time basis)			
EQUITY ASSISTANCE			
The information provided in response to the following questions will assist us in implementing any strategies or providing additional resources, etc., to assist you with your learning.			
Do you require any additional support or assistance to complete your studies? (If you answer 'Yes', please specify below the type of assistance required)			Yes <input type="checkbox"/> No <input type="checkbox"/>
I have difficulty with comprehension/understanding tasks <input type="checkbox"/>	I have other difficulties (please provide details below) <input type="checkbox"/>		
I have difficulty reading and/or writing <input type="checkbox"/>	I have difficulty in maintaining concentration <input type="checkbox"/>		
I have a medical condition that may prevent me from undertaking certain tasks <input type="checkbox"/>	Please specify:		
CREDIT FOR PREVIOUS STUDIES – N.B. Please discuss any credit applicable for previous studies for these courses.			
EMERGENCY CONTACT DETAILS			
Contact Name			Relationship
Mobile			
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list allergies:
Do you take any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list medications:
In the event of an emergency do you give the College permission to organise emergency transport and treatment and you agree to pay all costs related to the emergency (this applies only to students attending classroom-based courses).			Yes <input type="checkbox"/> No <input type="checkbox"/>

Important Note: After completing this form, ensure you have attached all required ID documents before clicking on "Submit" button below. Once you click the submit button, this form and attachments will appear in your email client. Then click the submit button to email to info@focal.nsw.edu.au

By completing and submitting this form, I declare that I have read, understand and accept the terms and conditions of enrolment which appear on the College's website.

Signature of Applicant:		Date:	
--------------------------------	--	--------------	--

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION AND COMMUNITIES AND OTHER AUTHORISED AGENCIES

I, _____
(Please print - provide First, Middle and Surname)

of: _____
(provide current residential address)

Born on: _____
(provide date of birth)

Understand and agree that personal information (information or an opinion about me) collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) – (together called **Personal Information**) collected by the College may be disclosed to the Department of Education and Communities (**Department**) or its successors.

The Department may disclose my Personal information to other Australian government agencies, including those located in States and/or Territories outside New South Wales.

The above agencies may use my Personal Information for any purpose relating to the exercise of the government-related functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outline above.

I also acknowledge and agree that the Department may contact me by telephone, email and/or post during or after I have ceased subsidised training with the College for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME:

SIGNATURE:	DATE:	/ /
------------	-------	-----

Note: if under 18 years of age at the time of giving consent, the consent of your parent/guardian is required.

PRINT FULL NAME OF PARENT/GUARDIAN:	DATE:	/ /
-------------------------------------	-------	-----

SIGNATURE OF PARENT/GUARDIAN:	DATE:	/ /
-------------------------------	-------	-----

ADMINISTRATION USE ONLY:

- Evidence for exemption or concession has been provided with this application
- USI has been received and verified as valid
- RPL and/or Credit Transfer applications received (if applicable)

FOCAL Representative name:

FOCAL Representative signature:	Date received:
---------------------------------	----------------

DATE CHECKED:	CHECKED BY:	ELIGIBLE / NOT ELIGIBLE
---------------	-------------	-------------------------

DATE APPLICANT NOTIFIED:	NOTIFIED BY:
--------------------------	--------------

QUOTE

DATE QUOTE PROVIDED TO APPLICANT: ___/___/___

Received notification from applicant they wish to proceed with enrolment YES

DATE ADVISED OF ACCEPTANCE OF QUOTE: ___/___/___

COPY OF QUOTE ATTACHED TO THIS FORM

NOTIFICATION OF ENROLMENT/COMMITMENT ID

DATE COMMITMENT ID PROVIDED TO APPLICANT: ___/___/___

PROVIDED BY: _____

COPY OF COMMITMENT ID ATTACHED