|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **LEARNER INFORMATION** | | | | | | | | |
| **Learner Name** | | | | Given Name | |  | | | |
| Middle Name | |  | | | |
| Surname | |  | | Maiden / Other |  |
| Preferred Name | |  | | | |
| Please confirm how you would like your **name to appear** on the course certificate | | | | | |  | | | |
| **Postal Address** | | | | Street Address | |  | | | |
| City / Suburb | |  | | | |
| State | |  | | Postcode |  |
| **Contact Details** | | | | Home phone | |  | | Work |  |
| Mobile | |  | | Fax |  |
| **Email Address** | | | |  | | | | | |
| **Gender** | | | | Male  Female  Other | | | | | |
| **Date of Birth** | | | |  | | | | | |
| **Country of Birth** | | | |  | | | | | |
| **City of Birth** | | | |  | | | | | |
| **Country of Citizenship** | | | |  | | | | | |
| **Australian Citizenship Status** | | | | Australian Citizen  Australian Permanent Resident  Temporary Resident Visa  New Zealand Citizen  Participant Visa  Other | | | | | |
| **Aboriginal or Torres Strait Islander Origin** | | | | No  Aboriginal  Torres Strait Islander | | | | | |
| **Employment Status** | | | | Full-time  Self-employed - not employing others  Part-time Self-employed – employing others  Employed – unpaid worker in a family business  Unemployed – seeking full-time work  Unemployed – seeking part-time work  Unemployed – not seeking employment | | | | | |
| **Are you registered with an Employment Service Provider (ESP)?** | | | | Yes  No  ESP Name ESP Email  Jobseeker ID | | | | | |
| **1.** | **LEARNER INFORMATION** *(continued)* | | | | | | | | |
| **How did you hear about Sutherland Training?** | | | | Internet Search (e.g. Google)  Word of Mouth  Employment Service Provider  Other  Newspaper  Please specify: | | | | | |
| **Company Name** *(if currently employed)* | | | | Unemployed | | | | | |
| **How well do you speak English?** | | | | Very Well  Well  Not Well  Not at all | | | | | |
| **Do you have any disabilities that we need to be made aware of?** | | | | Yes  No    ***If yes, please specify:***  Hearing / Physical / Vision / Intellectual / Acquired Brain Impairment  Medical Condition / Learning / Mental / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | Year 12 qualification or equivalent | | | | | |
| **Highest COMPLETED school level** | | | | Year 11 qualification or equivalent | | | | | |
|  | | | | Year 10 qualification or equivalent | | | | | |
| Year 9 qualification or equivalent | | | | | |
| Year 8 qualification or equivalent | | | | | |
| Never attended school | | | | | |
| **Year of completion (e.g. 1990)** | | | |  | | | | | |
| **Highest level of post-school**  **education** | | | | Bachelor’s Degree or higher  Advanced Diploma | | | | | |
| Diploma level  Certificate IV | | | | | |
| Certificate III  Certificate II | | | | | |
| Certificate I  None of the above | | | | | |
| **Unique Student Identifier (USI)** | | | |  | | | | | |
| **LUI Number if under 18** | | | |  | | | | | |
| **Emergency Contact Details** | | | | Name:  Relationship:  Phone number: | | | | | |
| **2.** | **COURSE INFORMATION** | | | | | | | | |
| **Course Name** | | | Certificate III in Business Administration  Certificate III in Business Administration (Medical)  Five medical units from Cert III in Bus. Admin (Medical)  Certificate IV in Business Administration  Other (please specify below) | | | | | | |
| **2.** | **COURSE INFORMATION** *(continued)* | | | | | | | | |
| **Delivery Mode** | | | Distance (with printable course notes)  Online (learner portal)  Class (face-to-face) | | | | | | |
| **Fee Type** | | | Full Service Fee  **\* *go to Section 4***  Non-concessional, government subsidised  Concessional, government subsidised  C3 BOOST - Concessional, government subsidised | | | | | | |
| **\*\*\*\*\* Please complete Section 3 *only if your course is subsidised by the government*. \*\*\*\*\*** | | | | | | | | | |
| **3.** | **ELIGIBILITY FOR FUNDING UNDER CERTIFICATE 3 GUARANTEE & CERTIFICATE 3 GUARANTEE BOOST** | | | | | | | | |
| **CERTIFICATE 3 GUARANTEE** | | | | | | | **CERTIFICATE 3 GUARANTEE BOOST** | | |
| **Learners must**   * **Not hold or be already undertaking a Certificate III or higher-level qualification (Certificate III qualifications *completed at school* are not taken into consideration.)** * **Be 15 years of age or older** * **Have finished secondary school or left school** * **Be a Queensland resident - an Australian Citizen or permanent resident living in Queensland, or a New Zealand citizen permanently residing in Queensland.**   **Employment status does not matter and there is no minimum education requirement, only the standard entry requirements for the course of study.** | | | | | | | **Learners must**   * **Not be eligible for subsidised training under the Certificate 3 Guarantee** * **Not be already undertaking a Certificate III or higher-level qualification** * **Live in Queensland** * **Participate in training aligned to local employment opportunities**   **Learners must also meet one of the following criteria:**   * **Be unemployed and need new skills to obtain a job or** * **Be at risk of losing their job and require reskilling to move to alternative employment opportunities or** * **Be working but looking to increase hours of work or shift from part-time to full-time employment.** | | |
| **Documents required to prove eligibility** | | | | | | | | | |
| **Not undertaking another qualification**  **No longer at school** | | | | | * Signed Statutory Declaration | | | | |
| **Age/Identity** | | | | | * Passport **or** * Birth Certificate **or**   Please provide a *certified* copy.   * Current Drivers Licence (both sides) **or** * Proof of Age Card | | | | |
| **Residency in Queensland** | | | | | * Australian Birth Certificate **or** * Australian Passport **or** * Naturalisation Certificate **or**   Please provide a *certified* copy.   * Green Medicare Card **or** * Visa **or** * Current Drivers Licence **or** * Document with address (e.g. energy bill) | | | | |
| **Concession card holder** | | | | | * Health Care Card **or**   Please provide a *certified* copy.   * Pension Card | | | | |
| **4.** | **DECLARATION** | | | | | | | | |
| *I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.* | | | | | | | | | |
| **Student Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |