

RTO 1373

# ACT Skilled Capital - JobTrainer application form

<b>OFFICE USE ONLY</b>	Skilled Capital information entered into RTO Data Actioned by:	AVETAR Contract Number:

Please complete ALL areas of this form. This form can be completed digitally or neatly using blue or black pen. Please note that we cannot finalise your enrolment until you have provided all required information and supporting evidence.

<b>PERSONAL DETAILS</b>	Please PRINT clearly and neatly. Your name and date of birth must match your enrolment form.		
	Given Name: (First Name)		Middle Name/s: (Second Name)
	Surname: (Last Name)		Date of Birth: DD / MM / YYYY

<b>STUDY INFORMATION</b>	What course do you wish to enrol in for your Skilled Capital - JobTrainer funding?	<input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> CHCSS00072 Building Inclusive Practices in Early Childhood Education & Care Skill Set <input type="checkbox"/> CHCSS00074 Child Protection <input type="checkbox"/> BSBSS00033 Aspiring Supervisor Skill Set

<b>ENROLMENT CHECKLIST</b>	<b>To be eligible for funding under ACT Skilled Capital / Job Trainer, you must be:</b>	
	<ul style="list-style-type: none"> <li>an Australian citizen, permanent resident, a New Zealand passport holder resident for more than six months, or an eligible visa holder</li> <li>living or working in the ACT</li> <li>either           <ul style="list-style-type: none"> <li>a person aged 17 to 24 years of age, regardless of employment status, who is not enrolled in or attending a school or college, or another program leading to the completion of year 12, or</li> <li>a job seeker who is out of work, and/or in receipt of income support payments.</li> </ul> </li> </ul>	
	For further eligibility requirements or details on eligible visas, please contact the YWCA Canberra Education and Training team by emailing <a href="mailto:training@ywca-canberra.org.au">training@ywca-canberra.org.au</a> or calling 02 6185 2000.	
	<b>Attached</b>	<b>Required evidence to support enrolment</b>
	<input type="checkbox"/>	Proof of living or working in the ACT
	<input type="checkbox"/>	Proof of residency Australian citizen - Birth certificate, Australian Passport, Green Medicare card Permanent resident - copy of visa or green Medicare Card OR New Zealand Passport OR copy of eligible visa
	<input type="checkbox"/>	Proof of age (such as drivers licence, birth certificate)
	<input type="checkbox"/>	Copy of any health care card or pension card
<input type="checkbox"/>	Copy of any previous qualifications/training	
<input type="checkbox"/>	Proof of job seeker status	
		<b>Office Use - Confirmation of Receipt Staff member to sign and date</b>

## Student declaration

By ticking the following statements and signing this form, I declare I have honestly and accurately provided information contained within the application form. I declare:

- I have read, understood and completed all the details of this form and have been given the opportunity to ask any questions about the content or course prior to signing this agreement.
- I have read and understood the requirements of the course as specified in the course information and the terms and conditions as set out in the student handbook.

Signature:..... Full Name:.....

Date: .....

Office use only				
Superseded version	New version	New version date	Date to review	Changes
	1	Nov 2020	Nov 2021	New form for course enrolments