

## CSQ TRAINING ENROLMENT FORM- SCG

**PLEASE ENSURE ALL INFORMATION IS STATED FOR YOUR ENROLMENT TO BE PROCESSED**

### COURSE DETAILS

Please write course name in the space provided		
START DATE:		END DATE:
Are you applying RPL? (Recognition of Prior Learning)? Yes No		

### PERSONAL DETAILS

TITLE	Mr. Miss Ms Mrs. Other	GENDER	Male Female
GIVEN NAMES		SURNAME	
DATE OF BIRTH <i>day/month/year</i>		HOME PHONE	
WORK PHONE		MOBILE PHONE	
EMAIL ADDRESS		USI Number (Unique Student Identifier)	

### RESIDENTIAL ADDRESS

BUILDING NAME:	
FLAT/UNIT NUMBER:	
STREET ADDRESS:	
CITY/SUBURB:	STATE: POSTCODE:

### POSTAL ADDRESS 'SAME AS ABOVE' *tick box*

BUILDING NAME:	
FLAT/UNIT NUMBER:	
STREET ADDRESS:	
CITY/SUBURB:	STATE: POSTCODE:

### EMERGENCY CONTACT DETAILS

NAME:	RELATION:
MOBILE PHONE:	WORK OR HOME PHONE:

### EMPLOYMENT DETAILS

COMPANY	CONTACT PERSON
PHONE	EMAIL
ADDRESS	
CITY/SUBURB:	STATE: POSTCODE:

### ELECTRICAL LICENCE DETAILS

<input type="checkbox"/> Mechanic <input type="checkbox"/> Fitter <input type="checkbox"/> Mechanic/fitter <input type="checkbox"/> Apprentice	Licence number
<input type="checkbox"/> ACMA Registration ( <i>Cabling License</i> )	Licence number
<input type="checkbox"/> Other: <i>Specify</i>	

### EMPLOYMENT STATUS

Of the following categories, which best describes your current employment status? (tick one box only)

<input type="checkbox"/> 1. Full-time Employee	<input type="checkbox"/> 5. Unpaid, working in a family business	<input type="checkbox"/> 8. Not Employed – Not seeking work
<input type="checkbox"/> 2. Part-time Employee	<input type="checkbox"/> 6. Unemployed – Seeking full-time work	<input type="checkbox"/> 9. Full-time Student
<input type="checkbox"/> 3. Self Employed, Not employing others	<input type="checkbox"/> 7. Unemployed – Seeking part-time work	<input type="checkbox"/> 10. Part-time Student
<input type="checkbox"/> 4. Employer		

## EDUCATION

What is your highest COMPLETED school level? (tick one box only)

- ☐ Year 12 or equivalent  
☐ Year 11 or equivalent  
☐ Year 10 or equivalent  
☐ Year 9 or equivalent  
☐ Year 8 or below

WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

NAME OF SCHOOL:

Are you still attending secondary school? ☐ YES ☐ NO

If yes, current school level: \_\_\_\_\_

Did you complete year 12 in Queensland and do you hold a senior statement? ☐ YES ☐ NO

## PRIOR QUALIFICATIONS

Have you SUCCESSFULLY completed any of the following qualifications? ☐ YES ☐ NO (if yes please tick boxes applicable boxes below)

<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above

## CURRENT ENROLMENT STATUS

Are you CURRENTLY enrolled in any of the following qualifications? ☐ YES ☐ NO (if yes please tick boxes applicable boxes below)

<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above

## STUDY REASONS

Of the following categories, which best describes your main reason for undertaking this course/traineeship? (tick one box only)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> It was a requirement of my job   | <input type="checkbox"/> To start my own business         | <input type="checkbox"/> Other: <i>Specify</i>               |

## LANGUAGE AND CULTURAL DIVERSITY

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

☐ Prefer not to specify ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

HOW WELL DO YOU SPEAK ENGLISH? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME? ☐ English ☐ Other, Please specify: \_\_\_\_\_

DO YOU REQUIRE ENGLISH ASSISTANCE TO COMPLETE YOUR STUDIES? ☐ Yes ☐ No

IN WHICH COUNTRY WERE YOU BORN?

ARE YOU AN AUSTRALIAN CITIZEN? ☐ Yes ☐ No

ARE YOU A NEW ZEALAND CITIZEN? ☐ Yes ☐ No

ARE YOU AN AUSTRALIAN PERMANENT RESIDENT? ☐ Yes ☐ No

## DISABILITY (See page 3 for Disability Supplement)

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONGTERM CONDITION? ☐ YES ☐ NO (if YES, see boxes below)

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> 11 - Hearing/Deafness      | <input type="checkbox"/> 12 - Physical | <input type="checkbox"/> 13 - Intellectual      | <input type="checkbox"/> 14 - Learning               | <input type="checkbox"/> 15 - Mental illness |
| <input type="checkbox"/> 16 - Acquired Brain Injury | <input type="checkbox"/> 17 - Vision   | <input type="checkbox"/> 18 - Medical Condition | <input type="checkbox"/> 19 - Other, Please Specify: |  |

# Disability Supplement

## Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### '11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

### '12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

### '13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

### '14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### '15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

### '16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

### '17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

### '18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

### '19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

## CSQ ELIGIBILITY CHECKLIST – ALL SECTIONS MUST BE COMPLETED

### CITIZENSHIP/VISA HOLDER STATUS

IN ORDER TO SATISFY REQUIREMENTS FOR CONSTRUCTION SKILLS QUEENSLAND (CSQ) FUNDING YOU MUST MEET CITIZENSHIP OR VISA REQUIREMENTS. PLEASE INDICATE YOUR STATUS. I DECLARE THAT I AM:

**I Declare that I am:**

☐ Australian or New Zealand Citizen

☐ Permanent Resident of Australia

☐ Refugee or humanitarian visa holder

**TO BE ELIGIBLE YOU MUST SUPPLY A COPY OF ONE OF THE FOLLOWING:**

☐ Birth Certificate

☐ Passport

☐ Visa

☐ Medicare Card (Green)

### QUEENSLAND RESIDENT/QUEENSLAND EMPLOYMENT STATUS

CSQ REQUIRES THAT ELIGIBLE PARTICIPANTS MUST BE EITHER PERMANENTLY RESIDING IN QUEENSLAND OR PERMANENTLY EMPLOYED IN QUEENSLAND. PLEASE INDICATE YOUR STATUS BELOW.

**I Declare that I am:**

☐ Permanently residing in Queensland

☐ Permanently employed in Queensland

**TO BE ELIGIBLE YOU MUST SUPPLY A COPY OF ONE OF THE FOLLOWING:**

☐ Qld Driver's Licence (front and back)

☐ Telephone Account

☐ Bank Statement

☐ Real Estate Agent Statement

☐ Other formal documentation stating full name and current residential address

### BUILDING AND CONSTRUCTION INDUSTRY EXISTING WORKER STATUS

IN ORDER TO SATISFY CSQ REQUIREMENT, YOU MUST BE AN EXISTING WORKING IN THE BUILDING AND CONSTRUCTION INDUSTRY AND HAVE AT LEAST ONE MONTH'S EMPLOYMENT RELATIONSHIP WITH YOUR EMPLOYER. SELF-EMPLOYED WORKERS ARE ELIGIBLE IF THEY CAN PROVIDE EVIDENCE OF AT LEAST ONE MONTH EMPLOYMENT AS A "WORKER" IN THE INDUSTRY. PLEASE TICK THE RELEVANT BOXES

**I Declare that I am:**

☐ Employed worker in Building & Construction Industry

☐ Self-employed worker in the Building & Construction Industry

☐ Unemployed but worked within the last 4 years in building and construction industry

**The business is one of the following:**

☐ Micro Business (0-4 FTE)

☐ Small Business (5 – 19 FTE)

☐ Medium Business (20-199 FTE)

☐ Large Business (200+ FTE)

**TO BE ELIGIBLE YOU MUST SUPPLY A COPY OF ONE OF THE FOLLOWING:** ☐ Letter from employer ☐ Stat Dec ☐ Payslip ☐ Q Leave Statement

### DECLARATIONS

PLEASE PROVIDE EVIDENCE OF YOUR BUILDING & CONSTRUCTION INDUSTRY EXISTING WORKER STATUS BY COMPLETING EITHER EMPLOYER OR SELF-EMPLOYED DECLARATIONS BELOW AS WELL AS MAKING THE FOLLOWING DECLARATION:

**I declare that I am not: (to be eligible you must tick all boxes)**

☐ An employee of an Authority or RTO ☐ A contracted trainer or assessor ☐ Currently enrolled & participating in a Qld Secondary School Program

**I Agree to CSQ's Terms and Conditions (to be eligible you must tick all boxes):**

☐ I give permission for CSQ to contact me for the purposes of including but not limited to; a review, conducting destination surveys and/or, to advise of CSQ products and services, whether current or future.

☐ I understand that in order to be eligible for this funded enrolment, I authorise Construction Skills Queensland (CSQ) to contact me for purposes of including but not limited to conducting a review, destination survey of the program and other mandatory reporting.

## Payment Details

*(if you do not complete the below please advise staff of your alternative payment method)*

Payment Method	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Amount: \$
Card Number				
Expiry Date			CCV Number	
Name on card				
Signature			Date:	
Invoice details (If Employer is paying please specify name, address and email):		Name: Email Address:		Invoice address:

## Terms And Conditions

**(Must be completed by all participants)**

Full terms and conditions can be viewed in our Student Handbook by contacting 1300 347 687 or by visiting [www.electrogroup.com.au](http://www.electrogroup.com.au)  
Before signing up, make sure the course meets your learning, career and financial needs.

**Privacy:** All data collected on this form is confidential and Electro Group Training QLD Ltd (EGT) only collects this information for the purposes of training and assessment, reporting, administration and evaluation of the program. EGT may also disclose personal information to another party without consent where authorised or required by law.

**Refund policy:** Cancellations received more than 10 working days prior to commencement of course will receive a 50 per cent refund.

Cancellations received less than 10 working days prior to the course commencement will not be eligible for a refund. Enrolments however may be transferred to another course provided cancellations are received no less than two working days prior to the course commencement. Participants may be provided with a refund or partial refund of course fees in exceptional circumstances. In the event where a course is cancelled by EGT, if the participant cannot be transferred to a suitable alternative course a full refund will be provided. Enrolment will only occur after payment is received and an acknowledgement will be forwarded to you by email/mail to confirm your enrolment. Electrogroup reserves the right to refuse to provide student services on failure to pay fees on or before the invoice due date.

- ☐ I certify that all information and any supporting documentation that I have provided is true and correct.
- ☐ I hereby acknowledge and accept the terms and conditions of enrolment and cancellation.
- ☐ I agree to provide my Unique Student Identifier to EGT.
- ☐ I understand that before attending the first session it is my responsibility to apply for a Unique Student Identification (USI) number with the Australian Government Department of Industry Skills. (To register for a USI number <http://www.usi.gov.au/Pages/default.aspx#>)
- ☐ I acknowledge the receipt of the EGT Student Handbook and have read the Complaints and Appeals Policy and Procedures
- ☐ I understand that I may be refused student services (i.e. not be able to sit exams, delays in receipt of the Completion Statement, lock-out from the Student Portal and Learning Management System) if I fail to pay my fees on or before the invoice due date.
- ☐ I agree to abide by EGT policy and procedures and acknowledge that the facilities made available for my use, will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.
- ☐ I consent to release of my personal information for the purposes outlined under the Privacy paragraph above.
- ☐ I grant Electrogroup, its representatives and employees the right to take photographs of me and my property in connection with the course promotion. I authorize EGT to copyright, use and publish the same in print and/or electronically and to use in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form. I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of these Images.
- ☐ I would like to receive information on other courses offered by Electrogroup Training.
- ☐ I give permission for Electrogroup Training to access my USI account

**Student declaration** (Read carefully before signing)

Enrolments made by students under the age of 18 years must be signed by a parent / guardian.

I hereby certify that, I agree to abide by the Terms and Conditions of Enrolment of EGT.

Student Signature		Date	
Parent / Guardian Signature		Date	

## **Participant Eligibility Requirements**

For the purpose of eligibility, participants under this agreement must meet the following criteria:

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### **1. ELIGIBLE PARTICIPANT MEANS:**

- a) An existing worker; and
- b) An eligible worker
- c) an Unemployed Eligible Worker

### **AND MUST BE:**

- a) An Australian or New Zealand citizen; or
- b) A permanent resident of Australia; or
- c) A refugee and humanitarian visa holder

### **AND MUST:**

- a) Permanently reside in Queensland; or
- b) Be permanently employed in Queensland

An Existing Worker is a current Employee in the Building and Construction Industry who has a one month or more employment relationship with their Employer. The working relationship can be built up through full-time, part-time or casual employment or engagement as a contract worker.

An Eligible Worker has the same meaning as the Building and Construction Industry (Portable Long Services Leave) Act 1991 (Qld) as amended from time to time.

An Unemployed Eligible Worker is a person who has been unemployed for a period of not greater than 4 years that would otherwise meet the requirements of an eligible worker.

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### **2. NON ELIGIBLE PARTICIPANT UNDER THIS AGREEMENT ARE:**

Eligible under the Apprentice Advance Plus Program, as:

- (a) A current active apprentice or trainee in Queensland as defined in the Act undertaking a Recognised Apprenticeship or Traineeship; or
  - (b) An existing worker or unemployed eligible worker in the first year out of their Recognised Apprenticeship or Traineeship who must commence training within 365 days of the completion date in DELTA; or
  - (c) A cancelled apprentice or trainee who was undertaking a Recognised Apprenticeship or Traineeship that has been cancelled and are currently accessing State Government funding to complete their institution-based training.
- 1. Currently enrolled and participating in a Queensland secondary school program (excluding a school based Apprentice or Trainee);
  - 2. A contracted trainer or assessor or existing worker of an RTO;
  - 3. Previously funded under this Program for five (5) Short Courses – Civil Construction in the same Contract Term; funded by an Authority or such other source for delivery of the same Training being undertaken as part of this Program;
  - 4. Those Participants seeking a Verification of Competency (or Determination of Competency) services under this Agreement; or
  - 5. Other individuals that do not meet Participant Eligibility as prescribed in Item 1 of participant Eligibility requirements.