

Enrolment/Enquiry Form

Productivity Places Program

*Please print clearly in block letters ensuring to complete all items,
and attach all requested documentation.*

Personal Details			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Surname:			
Given Name(s):			
Street or Postal Address:			
Suburb/Town:		State:	Post Code:
Is this your permanent address?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Date Of Birth:		e-mail:	
Home Ph:		Mobile:	Male <input type="checkbox"/> or Female <input type="checkbox"/>
Employment Details (if applicable)			
Employment status:	Self-employed <input type="checkbox"/>	Full Time (Permanent) <input type="checkbox"/>	Part Time (Permanent) <input type="checkbox"/> Casual <input type="checkbox"/> Not currently employed <input type="checkbox"/>
Business Name:			
Contact Name:			
Business Address:			
Suburb/Town:		State:	Post Code:
Phone:		Fax:	E-mail:
Language & Cultural Diversity			
In which country were you born? Australia <input type="checkbox"/> Other <input type="checkbox"/> , please specify ...			
Citizenship:	Australian Citizen <input type="checkbox"/>	Permanent Australian Resident <input type="checkbox"/>	Temporary Australian Resident <input type="checkbox"/> Humanitarian Refugee <input type="checkbox"/>
Do you speak a language other than English at home? No <input type="checkbox"/> Yes <input type="checkbox"/> , please specify ...			
If yes, 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"/>			
Are you of Aboriginal or Torres Strait Islander Origin? No <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/>			
Schooling & Further Education (prior learning)			
What is your highest COMPLETED level of schooling? Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/>			
In which year did you complete school?		Are you still attending school? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you currently undertaking any other training?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you received a Certificate /Statement of Attainment for any Nationally Accredited training? <small>(If yes, please provide copy of certificate/s or statement/s of attainment)</small>			No <input type="checkbox"/> Yes <input type="checkbox"/>
Disabilities			
Do you consider yourself to have a permanent & significant disability?			No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please tick any of the following that apply to you:			
Hearing <input type="checkbox"/>	Physical <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Vision <input type="checkbox"/>	Medical Condition <input type="checkbox"/>	Acquired Brain Injury <input type="checkbox"/>	Other <input type="checkbox"/>
Do you have any barriers to learning (literacy issues)? No <input type="checkbox"/> Yes <input type="checkbox"/> (Pls feel free to call to discuss)			
<small>Please note our facilities do not cater for wheelchairs. Please feel free to call our office to discuss alternative training arrangements.</small>			

Job Seeker Details	
<i>Please tick/check the box beside the following statements which apply to you ...</i>	
<input type="checkbox"/>	I AM receiving income support from Centrelink.
<input type="checkbox"/>	I am NOT receiving income support from Centrelink.
<input type="checkbox"/>	I am registered with an Employment Service Provider (e.g. Job Network Member).
<input type="checkbox"/>	I am participating in the Community Development Employment Projects scheme (CDEP).
<input type="checkbox"/>	I am participating in the Commonwealth's Access Program.
<input type="checkbox"/>	I am working as a volunteer only (not in paid employment).
<input type="checkbox"/>	I am not currently working, and seeking, or intending to seek, paid employment or self-employment after completing this qualification.
Job Seeker ID or CRN (Customer Reference Number): (if applicable)	
What type of income support are you receiving? (e.g. Newstart Allowance, Youth Allowance, Parenting Payment)	
What JSA provider are you registered with & who is your Employment Consultant?	
How did you hear about the Productivity Places Program / Who referred you to CTIA?	
Qualification (Course)	
<input type="checkbox"/>	Certificate II in Tourism
<input type="checkbox"/>	Certificate III in Tourism <ul style="list-style-type: none"> This course includes approximately 96 hours of face to face training, and will require some self-paced learning.
Terms & Conditions	
<p>The Productivity Places Program is a core element of the Australian Government's Skilling Australia for the Future policy. It aims to address higher level skill shortages and increase workforce participation and productivity. The Productivity Places Program is a joint initiative between the Australian and State/Territory Governments.</p> <p>By signing this enrolment form you are acknowledging that all information provided is true/correct and complete.</p> <p>Please sign below to indicate that you have read and understood the terms & conditions of enrolment:</p>	
Participant Signature:	Date:
Submit your application by:	
Post:	CTIA Regional Queensland Office - PO Box 1938, Hervey Bay, QLD, 4655.
Fax:	(07) 4128 1599
e-mail:	team@ctia.edu.au

Thank you for choosing CTIA!