

Employment Status, which statement BEST describes your current employment status?

- Full-time Employee (*employer suburb* _____)
- Part-time employee (*employer suburb* _____)
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed - not seeking employment

Do you consider yourself to have a disability, impairment or long-term condition? Yes No (*tick all that apply*)

- Acquired Brain Impairment
- Medical Condition (*e.g. epilepsy/asthma*)
- Physical
- Hearing/Deaf
- Heart/Pacemaker
- Vision/colour blindness
- Intellectual
- Mental Illness
- Contact Lenses
- Learning
- Other (detail below) _____

Can you identify any barriers that may prevent you from successfully completing this course? Tick all that apply

- Learning difficulties
- Primary caregiver responsibilities
- Any other reason that may affect your commitment to training _____
- Transport issues
- Ongoing regular appointments
- Unstable housing
- Legal issues
- Financial issues

Reason for study (*tick all that apply*)

- For personal interest
- For self-development
- I wanted extra skills for my job
- It was a requirement of my job
- To develop my existing business
- To get a better job or promotion
- To enter another course of study
- To try for a different career
- To start my own business
- To get a job
- Other

SECTION 3 – Eligibility Details (for subsidised training only)

Are you an Australian or New Zealand Citizen? Yes Australian New Zealand No

Are you a permanent Australian resident? Yes No If no, do you hold a bridging visa? Yes No

If unemployed, are you currently registered with an Employment Services Provider? Yes No

If YES Name of Employment Services Provider _____

Contact Person _____ Contact Phone/Email _____

Address _____ Job Seeker ID No. _____

Are you registered with Centrelink? No Yes (*enter Customer Reference Number (CRN) and expiry date*)

Expiry Date ____ / ____ / ____

Do you receive any of the allowances listed below? No Yes (*tick as appropriate*)

- Newstart Allowance
- Youth Allowance
- Age Pension
- Disability Support Pension
- Parenting payment (single/partnered)

Do you hold any of the following Concession Cards? No Yes (*tick as appropriate*) you **MUST** enter benefit Expiry Date

- Health care card
- Pensioner concession card
- Pensioner concession card issued by the Department of Veteran Affairs

Benefit Expiry Date ____ / ____ / ____ **Note: Concessions are available for subsidised training only**

Are you currently enrolled in a training course funded by the SA Government WorkReady Yes No

SECTION 4 – Student Declaration

By signing the declaration below, I understand that any offer or any subsequent enrolment in a training place (including WorkReady subsidised training), made on the basis of false or misleading information may be withdrawn by ATEC. Where the training place is subsidised by WorkReady the training place may be withdrawn by the Minister for Employment, Higher Education and Skills or the relevant Minister for Commonwealth funded courses.

I understand that completion of the course I am applying to enrol in may impact on my eligibility for subsidised training in the future.

I _____ have honestly and accurately completed this enrolment form.

PRINT YOUR NAME

Student Signature _____

Date ____ / ____ / ____