 **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

***CLIENT DETAILS***

**Community Work Skills – *WorkAble 2***

**Skilling Queenslanders for Work – Community Work Skills 2021-22**

|  |  |  |
| --- | --- | --- |
| **Family Name:**  | **First Name:**  | Other Name/s [preferred name]:  |
| M ⬜ F ⬜ | Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ | **Country of Birth:** Language/s spoken at home:   | Nationality: **Visa Status:** Ethnicity  |
| **Date of Arrival in Australia**:\_\_\_\_/\_\_\_\_/\_\_\_\_**Date of Permanency:**\_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Street Address:  Suburb: State: Postcode: ⬜⬜⬜⬜Postal Address:  | **Home:**[ \_\_\_ ] \_\_\_\_\_ \_\_\_\_\_**Mobile:**\_\_\_\_\_ \_\_\_\_ \_\_\_\_Business:[ \_\_\_ ] \_\_\_\_\_ \_\_\_\_\_ | Centrelink Ref No: Jobactive Agency: Caseworker:  |
| Work details:   **Do you have a recognised disability?** **⬜** YES **⬜** NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact Name:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Emergency Number:**[ \_\_\_ ] \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ |
| **Email:**  |
| The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for The Migrant Centre Organisation Inc. to deliver services under Commonwealth and Queensland Government programmes. The Migrant Centre Organisation Inc. will not share your personal information unless you have agreed or it is required by law. For information about how The Migrant Centre Organisation Inc. manages your personal information, please contact The Migrant Centre’s manager.CLIENT Name: **Signature:**   |

CONSULTANT Name: **Signature:**

**EXPRESSION OF INTEREST**

Course/Field Preferences

1.
2.
3.

Skilling Queenslanders for Work aims to improve the skills, employment opportunities and social inclusion of disadvantaged Queenslanders. Community Work Skills provides tailored assistance to program participants to undertake formal training to gain nationally recognised skills and vocational qualifications up to a certificate III level. To be eligible for a free course, disadvantaged Queenslanders must also respond to eligibility criteria.

**I am on Centrelink assistance** [Example: New Start] ❑ YES ❑ NO [if **NO** go to **B)**]

I have accessed Centrelink assistance for **more than six months** and **still unemployed** ❑ YES ❑ NO

 [If **YES** go to **B)**]

I require **complementary services** because I have significant barriers to learning and employment,

Identify in your own words what are your barriers to learning and employment.

|  |
| --- |
|  |

1. Tick all relevant options

❑ I am 15 years or older and no longer at school. ❑ I permanently live in Queensland.

❑ I am an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen.

❑ I am not currently enrolled in a CERTIFICATE III or higher.

**Please fill in details of all previous COMPLETED studies in Australia.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level | CERT III | CERT IV | DIPLOMA OR ADVANCED DIPLOMA | UNIVERSITY |
| Date Completed | \_ \_ /\_ \_ /\_ \_ \_ \_ | \_ \_ /\_ \_ /\_ \_ \_ \_ | \_ \_ /\_ \_ /\_ \_ \_ \_ | \_ \_ /\_ \_ /\_ \_ \_ \_ |
| Course  |  |  |  |  |
| Did you pay for it [Full Price]? | ❑ YES ❑ NO | ❑ YES ❑ NO | ❑ YES ❑ NO | ❑ YES ❑ NO |

By answering the **above** questions, I confirm that this information will be used to assess my eligibility to undertake a free CERTIFICATE III COURSE. I may have to provide additional documents to confirm my eligibility.

**Please tick options that are relevant at time of registration.**

|  |  |  |
| --- | --- | --- |
| **Employment Status** | **Unemployment Status** | **Job Active Status** |
| ❑ 25 hrs/week or more❑ less 25 hrs/week❑ Permanent❑Casual❑Volunteer**Work type:**  | ❑ Not in labour force❑ Not employed ❑ Less than 12 months ❑ 12 to 24 months ❑ More than 24 months | ❑ Not on benefit❑ New Start ❑ Disability❑ Parental or Carer Allowance❑ Vocational Rehabilitation Services |
| Date |  | Full Name |  | Signature |  |

**MIGRANTS MATTER VIII | 2020-2021**

**STUDENT ACKNOWLEDGEMENT AND UNDERTAKING**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_NAME*\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*ADDRESS\_\_\_*

acknowledge that The Migrant Centre Organisation Inc. (TMC) will support my participation in Queensland Government Skilling Queenslanders for Work by:

* Organising my enrolment in Certificate III in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paying for the student contribution component\* of my Certificate III studies
* Providing case management and job search training
* Providing post-participation support where necessary

*\* Student enrolment and student contribution fees may vary with courses. Information will be provided by TMC caseworker.*

I agree to inform The Migrant Centre within 14 days of changes in my circumstances, address, telephone number, email address.

I agree to check my emails on a regular basis to read messages from The Migrant Centre regarding workshops or course-related information.

I agree to respond to the monthly email from The Migrant Centre, to verify that my studies are progressing.

I agree to conduct myself in a courteous and respectful manner and follow the rules of the training organisation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name TMC Caseworker Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Caseworker Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE MIGRANT CENTRE ORGANISATION INC.**

**MEDIA CONSENT FORM**

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on The Migrant Centre’s website, Facebook, newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by The Migrant Centre and media to promote their events in the future.

I understand that my personal information will be viewed by anyone who accesses The Migrant Centre’s website, social media devices or publications or the general media.

I understand that my consent can be withdrawn at any time

Name: Date:

Signature: