

D. Employment Status	
Are you currently working?	Yes No
If not working, How long have you been unemployed?	
What was your last Job?	
If working, what best describes your current employment status?	
Casual	Part-time Full-time Volunteering
What is your current Job?	

E. Centrelink Benefits and Employment Services	
Are you currently receiving Centrelink benefits?	
If yes, please specify:	Newstart Youth Allowance
	Other:
Do you have a current concession or health care card? Yes No	
Are you currently registered with an Employment Services Provider? Yes No	
If yes, please give provider name, location, case manager and contact details (e.g. Max Employment, Logan Central, Daniel, XXXX XXXX):	

F. Education and Training	
What is the highest level of schooling you have completed and when? (e.g., Year 11, 2014, Woodridge State High School)	
Have you completed any post-school training? If yes, what and when? Was it SQW funded? Yes No	

G. Motivation – please use the provided space to answer the questions.	
Do you have any prior experience with aged care or related work, either professionally or for example as a volunteer? Please provide details...	
What motivates you to want to do this training course? What do you hope to achieve from this course?	
What have been the greatest difficulties for you when seeking employment? What kind of assistance do you feel you need to successfully find work?	

H. Security Credentials			
Do you have any of the following:			
Yes/No	Blue Card	V P	#
Yes/No	National Police Check	Current	Yes No
Other (Please list any other credentials you currently hold):			

I. Declaration

ADRA Australia collects the above requested information for the sole purpose of delivering the training program. ADRA Australia will keep this information, and any additional information and/or supporting documentation you may be asked to provide, to meet the requirements of its *Skilling Queenslanders for Work Service Agreement* with the Queensland Government.

ADRA Australia will treat your personal details confidentially and store them securely in line with organisational policies and procedures. It will not share any of your information, except for program progress reporting to the Department of Education and Training or as otherwise required under its Service Agreement, or with your express consent to provide you with job search and other relevant assistance.

ADRA Australia is partnering with Registered Training Provider (RTO) the Royal College of Healthcare to deliver this training program. Royal College of Healthcare will separately gather information and supporting evidence from all participants in line with applicable rules and regulations.

I _____ (please print full name), declare that the information provided by me in this form is true and correct to the best of my knowledge and I understand that:

- Completion of this form does not guarantee me a place in the training program and that I will be advised of the further participant selection process in due course.
- I may be asked to provide additional information and/or supporting documentation to ADRA Australia during the selection process.
- ADRA Australia will collect, store and use my personal information solely to manage the training program in line with its *Skilling Queenslanders for Work Services Agreement* with the Queensland Government, and other applicable legislative requirements.
- The registered training provides will separately collect, store and use my personal information for the purposes of delivering the accredited training program.
- If accepted into the training program, I will insure my committed attendance at all training sessions and activities. If I am unable to attend for a valid reason e.g. sickness, serious family matters etc., I will inform the trainer and coordinator ASAP.

Date: _____ Signature: _____

Return to Training Coordinator

ADRA Australia,
31 Station Road

Logan Central 4114 QLD. Email: training@adralogan.org.au Phone: 07 3290 3011

Expression of Interest for Courses and Training at ADRA Logan:

Certificate III in Individual Support

Other _____

A. Personal Details

First Name:			
Last Name:			
# & Street:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:		USI #:	
Date of Birth:		Gender:	Male Female

B. Residency Status

Please indicate your current residency status in Australia

	Australian Citizen		
	Australian Permanent Resident	Visa subclass:	
	Australian Temporary Resident	Visa subclass:	
	Bridging Visa Holder	Visa subclass:	
	New Zealand Citizen	Maori:	PI:
Other (if applicable)			

C. Cultural Background

Do you identify as being of Aboriginal or Torres Strait Islander Origin? Yes No

If you were born overseas (i.e. not in Australia)

Country of Origin	
Languages Spoken at Home	
Date first arrival in Australia	