

Course Application Form

SSP - Strategic Skills Program 2011



Please ensure to answer all questions. Incomplete applications will not be processed.

Personal Details

Title: Mr / Mrs / Miss / Ms Date of Birth: ___ / ___ / ___

Given Name: Surname:

Gender: Male Female Home Ph:

Work Ph: Mobile:

Email:

Address:

Suburb: State: Postcode:

Course Preferences

Please note that not all courses are available at all locations

Course of Interest:	Short Courses/ Statements	Certificate IV	Diploma
	<input type="checkbox"/> MYOB <input type="checkbox"/> Computers <input type="checkbox"/> Cert III in Aged Care	<input type="checkbox"/> Training & Assessment (TAE) <input type="checkbox"/> Frontline Management <input type="checkbox"/> Business Administration <input type="checkbox"/> Aged Care	<input type="checkbox"/> Management <input type="checkbox"/> Business <input type="checkbox"/> Human Resources (with Cert IV TAE) <input type="checkbox"/> Management (with Cert IV TAE)

Location: Please number in order of preference

___ Penrith ___ Tuggerah ___ Campbelltown ___ Wagga Wagga ___ Other

Eligibility and General Information

1 Select your citizenship/residency status:

An Australian Citizen

A foreign national with Australian permanent residency

A New Zealand passport holder who has been resident in Australia for at least six months

A humanitarian refugee

2 Are you currently doing any other courses right now? If yes, please provide details: Yes No

Name of Course: _____

Provider Name: _____ Completion Date: _____

3 Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Both

Please continue over the page →

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Eligibility and General Information - continued

4	<p>Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>
5	<p>Please select ONE option only:</p> <p><input type="checkbox"/> I am a job seeker (<i>go to question 6</i>) OR <input type="checkbox"/> I am currently working (<i>go to question 7</i>)</p>
6	<p><u>For job seekers</u></p> <p>From the list below, which best describes your current situation?</p> <p><input type="checkbox"/> Registered with a Jobs Services Australia Provider, or</p> <p><input type="checkbox"/> An income support recipient who is not currently required to meet activity test or participation requirements, or</p> <p><input type="checkbox"/> A participant in the Community Development Employment Projects (CDEP) scheme, or</p> <p><input type="checkbox"/> Not currently working and seeking or intending to seek paid employment or self-employment after completing training, or</p> <p><input type="checkbox"/> A participant in the Commonwealth's Access Program, or</p> <p><input type="checkbox"/> Not working and participating in volunteering activities, or</p> <p><input type="checkbox"/> A person aged 15 years and over, not involved in any form of work (including casual, self employment and commission based) for one hour or more per week for pay, profit, commission or in kind payment.</p>
7	<p><u>Existing workers</u></p> <p>From the list below, which best describes you?</p> <p><input type="checkbox"/> A person 20 years of age or older who has been in paid employment for at least one hour in the week prior to commencement of training; or</p> <p><input type="checkbox"/> A person 15-19 years of age who is not formally enrolled in school and has been in paid employment for more than 15 hours in the week prior to commencement of training.</p> <p>Please provide details of your current employment:</p> <p>Current position held: _____ Duration in that position: _____</p> <p>Company name: _____ Location: _____</p>
8	<p>Do you have access to a computer and the Internet for the purposes of completing course assessments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9	<p>How did you find out about the course?</p> <p><input type="checkbox"/> Job Services Australia Provider <input type="checkbox"/> Newspaper Advertisement</p> <p><input type="checkbox"/> Benchmark Newsletter <input type="checkbox"/> Internet Search</p> <p><input type="checkbox"/> Word of Mouth <input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Benchmark Website <input type="checkbox"/> Other _____</p>
10	<p>Were you referred by any of the following agencies and if yes, please select from below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Job Services Australia Provider <input type="checkbox"/> State Training Services Regional Centres</p> <p><input type="checkbox"/> Industry Skills Councils (ISCs) <input type="checkbox"/> NSW Industry Training Advisory Boards (ITABs)</p>

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Education/ Work History/ Course Reasons

List any qualifications and/or courses you have successfully completed (attach copies of results/ certificates)

Qualification/Course Name	Training Provider	Year Completed	Australian or Overseas?

Provide details of your work experience (attach resume if available)

Positions held	Company names	Dates

Of the following categories, which best describes your main reason for undertaking this course?

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

Write your reasons for undertaking this course.

Student Declaration

- I verify that all information has been completed by me personally and this information is true and correct.
- I provide consent for this information to be used by Benchmark College and the Department of Education and Training for enrolment and auditing purposes.
- I understand that if my application is incomplete it will not be processed.
- I understand that this application does not guarantee a place in a course.

Signature: _____ Date: ____ / ____ / ____

PAYMENT FORM

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Please refer to the [Course Information Flyer](#) and [SSP Participant Eligibility and Fees](#) for specific information about the course you are applying for.

Your Name	Contact Phone

➔ If applying for a concession or exemption of enrolment fees, please complete the relevant section below. If not, proceed to the PAYMENT and DECLARATION.

Concessions	Appropriate evidence must be provided
I am currently receiving the following Entitlement(s):	
<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Farm Help Income Support	<input type="checkbox"/> Family Tax Benefit Part A (max. rate) <input type="checkbox"/> Mature Age Allowance <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow Pension (inc. Widow 'B' pension) <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance

Exemptions	Appropriate evidence must be provided
<input type="checkbox"/> I am an Australian Aboriginal and/or Torres Strait Islander OR <input type="checkbox"/> I am currently receiving a Disability Support Pension and this is my first fee exemption this year OR <input type="checkbox"/> I am a dependent child, spouse or partner of a recipient of the Disability Support Pension and this is my first fee exemption this year. Please indicate dependency status:	<input type="checkbox"/> Dependent Child OR <input type="checkbox"/> Dependent Spouse or Partner

➔ Suitable evidence for concession/exemption:

- A current Centrelink Income Statement
- Your current Pensioner Concession Card
- A letter from Centrelink or Veterans' Affairs

Payment	
Select from the list below: <input type="checkbox"/> I have enclosed a cheque or money order <input type="checkbox"/> I have paid by direct deposit & emailed the transaction receipt <input type="checkbox"/> I have completed my credit card details below <input type="checkbox"/> I am applying for a full exemption of fees as above	Direct Deposit details: ANZ Bank BSB: 012-429 A/C #: 8416-74536 A/C Name: Benchmark Resources Pty Ltd If paying by direct deposit, please enter your name in the reference field & email the transaction receipt to accounts@benchmark.edu.au
Credit Card Payment Authorisation Visa, Bankcard or MasterCard	
Card Number: _____	Expiry: ____ / ____ Amount: \$ _____
Name on Card: _____	Verification Code (last 3 digits): _____
Cardholder Signature: _____	Date: ____ / ____ / ____

Declaration
I verify that all information is true and correct and I provide consent for this information to be used by Benchmark College and the Department of Education and Training for enrolment and auditing purposes.
Applicant Signature: _____ Date: _____

OFFICE USE ONLY		
Concession approved: Yes No	Exemption approved: Yes No	Reason for non-approval:
Approved by (sign):	Approved by CEO (sign):	