



PARTICIPANT ENROLMENT APPLICATION FORM COVERSHEET

APPLICANTS NAME: _____

QUALIFICATION APPLYING FOR: (please tick)

- SIR50107 Diploma of Retail Management
- BSB51107 Diploma of Management
- SIT20307 Diploma of Hospitality

APPLICANT CHECKLIST ON COVERSHEET PLEASE

Please check that you have included in your application

- Completed application form – answered all questions
- Current resume attached
- Letter of Redundancy (if applicable)
- Signatures completed

**FOR MORE INFORMATION PLEASE CONTACT
TURSA TRAINING UNIT ON FREECALL 1800 266 425**

**Return via email to training@tursa.com.au or
Post to Ms Suzie Grissell PO Box 70 LISMORE NSW 2480
by COB 19th November 2009.**

NSW PRODUCTIVITY PLACES PROGRAM (PPP)

The NSW *Productivity Places Program* is part of the Australian Government's Skilling for the Future Initiative.

Tursa Employment & Training (TURSA) has been contracted by the NSW Government as a leading training organisation to deliver PPP funded training in the following qualifications;

Diploma of Retail Management SIR50107*, Diploma of Management BSB51107*,

Diploma of Hospitality SIT50307*, Diploma of Information Technology (General) ICA50105

*Qualification application is covered by this form. Contact *TURSA* on FREECALL 1800 266 425 for enrolment information on the Diploma of Information Technology.

The NSW PPP targets job seekers and existing workers for participation in priority nationally recognised vocational qualifications. The criteria used to determine a participant's eligibility for a training place under the program have been defined broadly to encourage wide participation.

The definition of an *Existing Worker* is:

An Existing Worker means someone who is a NSW resident, works in NSW and is:

- a person 20 years of age or older who has been in paid employment for more than one hour in the week prior to commencement of training, or
- 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.

The definition of a *Job Seeker* is:

A Job Seeker means someone who is a NSW resident and is:

- registered with a Job Services Australia provider, or
- an income support recipient who is not currently required to meet activity test or participation requirements, or
- a participant in the Community Development Employment Projects scheme, or
- not currently working and seeking or intending to seek paid employment or self-employment after completing training - this definition includes people 15-19 years of age who are not formally enrolled in school and in paid employment for 15 hours or less in the week prior to commencement of training, or people 20 years of age or older who have been in paid employment for one hour or less in the week prior to commencement of training, or
- a participant in the Commonwealth's Access Program, or
- not working and participating in volunteering activities.

The Government has allocated *TURSA* a fixed number of training places under the PPP. Apart from administrative fees payable by a trainee or a sponsoring employer to *TURSA* to access PPP, the entire cost of PPP Qualification training, including trainers and assessors, course material and on-line access is covered by performance based contract fees received by *TURSA* from the Government.

2009 ADMINISTRATION FEES mandated by Government:

Upon acceptance of a trainee's enrolment, the trainee or the sponsor is required to pay *TURSA* an Administration Fee of \$1214. You will be issued an invoice within 28 days of acceptance, which you can negotiate payment arrangements for. If you are in receipt of Centrelink benefits you may be eligible for an exemption or if you fall into one of the categories listed in Questions 1-4. **Those eligible for an exemption are required to pay a \$50.00 Concession fee.**

SPONSORED TRAINEES: Employers are encouraged to sponsor employees for PPP funded qualifications

SELF - SUPPORTED TRAINEES: Employer sponsorship is not necessary if you wish to enrol as an independent trainee who can demonstrate evidence of eligibility.

HOW TO ENROL:

Other than the information and statements contained within this ENROLMENT APPLICATION FORM there are no other contracts required under PPP between employers or trainees.

Administration of eligibility and the relationship with Government funding is conducted by TURSA.

PPP NSW ENROLMENT APPLICATION FORM

Last Name:		Given Names:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /	Title: MR/MRS/MS/MISS
Home Phone:		Work Phone:	
Fax:		Mobile Phone:	
Email:			
Contact in Emergency			
Name:		Relationship:	
Phone:		Mobile Phone:	
Street Address:			
Suburb:		State:	Postcode:
Postal Address:			
Suburb:		State:	Postcode:
COMPLETION OF THIS QUESTION IS OPTIONAL – Please tick if applicable		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Disability, Impairment or Long Term Condition <input type="checkbox"/> Non English Speaking Background	
Were you born in Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No If NO please specify _____	
Are you still at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which level are you currently enrolled in? _____ If NO, what is your highest completed school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school In which year did you complete that school level? _____	
What is your employment status		ENTER ONE LETTER FROM LIST BELOW () A) Full time employee B) Part time employee C) Self employed - Not employing others D) Employer E) Employed - Unpaid family worker	

	<p>F) Unemployed - seeking full time work</p> <p>G) Unemployed - seeking part time work</p> <p>H) Not employed - Not seeking employment</p> <p>If (B) is selected please specify number of hours per week: _____</p>
How well do you speak English?	<p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not Well</p> <p><input type="checkbox"/> Not at all</p> <p>Do you speak a language other than English at home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes please specify</p> <p>_____</p>
Do you consider yourself to have a disability?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
If yes, then please indicate the areas of disability, impairment or long term condition <i>(You may indicate more than one area)</i>	<p><input type="checkbox"/> Hearing/deaf</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Intellectual</p> <p><input type="checkbox"/> Learning</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Acquired Brain Impairment</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Medical Condition/or</p> <p><input type="checkbox"/> Other please specify:</p> <p>_____</p> <p>Do you require special assistance because of the disability?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
Do you have any work restrictions that may affect your attendance?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes please specify</p> <p>_____</p>
Since completing school, have you completed any of the following training (excluding this training course)?	<p>Please tick applicable boxes:</p> <p><input type="checkbox"/> Trade Certificate</p> <p><input type="checkbox"/> Advanced/ Technician Certificate</p> <p><input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate III</p>

RECOGNITION OF PRIOR LEARNING (RPL) & CREDIT TRANSFER (CT)	I will apply for: <input type="checkbox"/> Credit Transfer for completed Competency Units <input type="checkbox"/> Recognition of Prior Learning
SELECT PREFERRED LEARNING CENTRE: (Management workshops only)	<input type="checkbox"/> Tweed Heads <input type="checkbox"/> Lismore <input type="checkbox"/> Coffs Harbour
SELECT ATTENDANCE OPTION: Please tick one or more boxes	<input type="checkbox"/> Distance with trainer support <input type="checkbox"/> 2 days per week tutorials and workshops <input type="checkbox"/> Fortnightly Workshops (3pm – 6pm) <input type="checkbox"/> Saturday morning workshops
Residency I am an Australian Citizen or Permanent Resident and I have provided evidence of this	<i>(one form of certified evidence required)</i> Australian Birth Certificate Number..... Australian Passport Number..... Naturalisation Certificate Number..... Green Medicare Card Number.....
Are you a retrenched worker? (please tick the box that applies to you)	<input type="checkbox"/> Made redundant after 1 st January 2009 <input type="checkbox"/> Hold a letter of redundancy from former employer <i>(please attach)</i> <input type="checkbox"/> Registered with a JSA provider
Please indicate how you were referred to the course.(tick the box)	<input type="checkbox"/> (E) My employer told me <input type="checkbox"/> (ISC) A National Industry Skills Council <input type="checkbox"/> (SE) I found this myself – existing worker <input type="checkbox"/> (S) I found this myself – jobseeker not JSA referred <input type="checkbox"/> (STS) Referred by State Training or NSW Dept Training <input type="checkbox"/> (ESP) Referred by my Job Services Australia provider
Please indicate where you heard about the course. (tick the box)	<input type="checkbox"/> Advertising <input type="checkbox"/> <i>TURSA</i> office <input type="checkbox"/> Other _____

TRAINEE SPONSOR INFORMATION

Employer Name:	Employer address:
Authorised Company Contact Person:	Contact persons Email:
Phone:	Fax:

SELF SUPPORTING TRAINEE INFORMATION

Your Job Title:	
Employer Name:	Employer Address:
Phone:	Fax: