

Our Contact Details

Website: www.printtrain.edu.au
Phone Number: 03 9292 8000
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Important to Read

You can access the following documents on the home page of our website by clicking 'Participant Information':

1. Fees Booklet
2. Participant Handbook
3. Organisational Code of Practice
4. Fees, Credits and Refund Policy
5. Assessment Appeals Policy
6. Access & Equity Policy & Procedure
7. USI Fact Sheet
8. Certificate Reprint Form
9. Private Policy
10. Participant Appeal Form
11. Complaints and Appeals Policy and Procedure

Participant Handbook

You can access and download our Participant Handbook from our website. This is located on the home page of our website, by clicking 'Participant Information'.

The handbook contains useful information including our:

1. Complaints and appeals process
2. Participant support services
3. Participant rights and responsibilities
4. Fees and refunds policy overview
5. Privacy policy overview
6. Training delivery
7. Assessment methods
8. Course credit and skills recognition process (CT&RPL)

You can download the Participant Handbook or read it online. Alternatively, we can provide you with a hard copy upon request.

Course Information

As part of the pre-enrolment review process, you will be provided with a proposed **course outline**, which will include the national course code and title, the content of the course (units of competence), the topics to be covered and the outcomes you can expect, as well as how the training will occur and an estimated duration for the course.

More detail, including actual dates for training and coaching sessions, will be made available after your enrolment has been confirmed. However, if you have any specific enquiries at the time of application for the course, please do not hesitate to ask one of our friendly representatives.

If you are eligible for State and/or Commonwealth Funding

You need to be aware that if you are accessing State and/or Commonwealth funding for this qualification, this may inhibit the opportunity to access State and/or Commonwealth Government funding for any future training.

If you are under 18

A parent or legal guardian must sign the 'Parent or Legal Guardian Declaration'. You will need to provide this to your trainer at commencement of your training.

Your trainer may discuss any aspect of your training with your parent or legal guardian whilst you are under the age of 18.

If you are undertaking an Apprenticeship, Traineeship or your employer is paying for your course

Your trainer may discuss a number of aspects of your course with your employer. This may include:

- > discussing your progress throughout your course
- > establishing dates for your workshops, coaching and assessments
- > requesting supervisor reports or workplace samples for the purpose of assessment
- > discussing workplace coaching options to assist you to complete your course
- > fees and charges that are attributed to this qualification that your employer may be required to pay

Training Plan

The training plan is a working document maintained during your training course. It will be issued to you and your employer representative upon the first visit of PTA trainer. The document outlines the following:

- > the course is described in more details
- > how, when and where training will be delivered and assessments will be conducted
- > the current status of your training progression

Your trainer may request signatures from you and your employer representative if there are any changes made to your Training Plan. This is required to ensure compliance with relevant national standards, as well as state training authority legislation, policies, and procedures, which mandate that the Training Plan remains a living document.

Confirmation of Enrolment

It is very important that Print Training Australia (PTA) confirms the suitability of the proposed course for each prospective participant in light of your individual circumstances. This process is undertaken to protect the interests and welfare of each and every applicant.

PTA will review your application accordingly and will notify you as to whether your enrolment has been accepted and confirmed. In the event that your enrolment is not confirmed, a PTA representative will provide further information as to why and will advise you of your options.

Unique Student Identifier (USI)

What is a USI?

The USI is a reference number made up of ten numbers and letters that:

- > creates a secure online record of your recognised training and qualifications gained in Australia, from all training providers you undertake recognised training with
- > will give you access to your training records and transcripts
- > can be accessed online, anytime and anywhere
- > is free and easy to create and
- > stays with you for life

Unless exempt, from 1 January 2015, PTA may only issue a qualification or statement of attainment to a participant after you have provided PTA with a verified USI, or after PTA has applied for a USI on your behalf.

If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. You can also grant us permission to obtain one on your behalf.

If you request that PTA obtain a USI on your behalf

You must provide us with all the requested information. If the information requested is not provided, or is inaccurate, it may affect our ability to obtain a USI on your behalf. The personal information that PTA must provide to the Student Identifiers Registrar to obtain a USI is:

- > your name;
- > your date of birth;
- > your city or town of birth;
- > your country of birth;
- > your gender; and
- > copy of one of your ID (listed in Part 2 – Section 4)

PTA will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

Personal Information and Privacy

The personal information that we collect from you and provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of your USI is protected by the Student Identifiers Act 2014.

Please refer to the Student Identifiers Registrar's Privacy Policy (www.usi.gov.au/Pages/privacy-policy.aspx), which contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- > misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- > a failure by us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

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Participant Pre-Enrolment Interview

Participant Name:

Suitability of Qualification

Describe why you wish to complete this qualification?

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ICP31220 - Certificate III in Printing
<input type="checkbox"/> ICP31220 - Certificate III in Printing (Digital)
<input type="checkbox"/> ICP31220 - Certificate III in Printing (Lithographic)
<input type="checkbox"/> ICP31220 - Certificate III in Printing (Flexographic) | <input type="checkbox"/> ICP31220 - Certificate III in Printing (Gravure)
<input type="checkbox"/> ICP31220 - Certificate III in Printing (Relief)
<input type="checkbox"/> ICP31320 - Certificate III in Print Binding, Finishing and Packaging
<input type="checkbox"/> ICP31420 - Certificate III in Prepress Graphic Design Production |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

So we can help you successfully complete the qualification, please advise us your best learning style?

What do you hope to achieve by completing this qualification?

Competencies Previously Acquired (Skills Recognition)

(Recognition of Prior Learning (RPL), Recognition of Current Competency (RCC) or Credit Transfer)

You may apply for skills recognition for any unit/s from the Training Plan where you can demonstrate current competency.

Do you, the participant, wish to apply for RPL?

Yes No

If 'yes', you will be required to complete a Skills Recognition Application Kit and submit it to a PTA Training representative. Fees will apply if your application is successfully accepted.

Do you, the participant, wish to apply for 'Credit Transfer' for any units of competency?

Yes No

If 'yes', you will be required to submit a Credit Transfer Application Form (with certified copies of your Statement/s of Attainment) to a PTA Training representative.

Fees

Please refer to our Course Fees Booklet published on our website www.printtrain.com.au for the indication of fees.

My employer will be paying the fees on my behalf. I will be paying the fees myself.

Language, Literacy and Numeracy

I have completed the Language, literacy and numeracy assessment

- Snapshot Reading and Numeracy Indicator (SRNI) *and/or*
- Literacy and Numeracy Comprehensive Assessment (CSPA)

Do you believe you require assistance with:	Language skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Numeracy skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Literacy skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer is 'yes' to one or more of these questions, please provide relevant details below:

I have received pre-enrolment information on how I can access the Participant's Handbook and have discussed any issues with a PTA representative.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have received a copy of the course outline and I have also been advised that I can access the relevant course brochure at www.printtrain.com.au .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The fees and charges for undertaking this course have been explained.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand the pre-requisites for the course if applicable.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
I understand that by undertaking this training course, this could affect my eligibility for funding for future qualifications I may wish to undertake	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

I have been given all the information regarding this training course and I wish to proceed with an enrolment.

PARTICIPANT'S SIGNATURE:		DATE:	
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Have you previously undertaken any training with Print Training Australia? Yes No

Section 1: Employer Details

Employer Registration (please complete Section 1)

Individual Registration (move to Section 2)

Employer (Company) Name: _____

Delivery Address: _____

Suburb: _____

State: _____ Postcode: _____

Section 2: Qualification Details

Code: _____

Name: _____

Details for core and elective units can be found on the proposed course outline.

Section 3: Participant Details

Title: Mr Mrs Miss Other: _____

Family Name (Surname): _____

Given Names: _____

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want PTA Training to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Other Names: _____

Preferred Name: _____

Gender: Male Female Other

Date of Birth: _____

(Training delivery details may be sent via email and SMS. Please ensure you supply your most regularly used email address and mobile number)

Contact Numbers:

Home: _____ Work: _____

Mobile: _____

Email: _____

Alternative email address (optional):

Home Address (usual residence):

Street: _____

Suburb: _____

State: _____ Postcode: _____

Postal Address (if different from above):

Section 3: Participant Details (continued)

In which country were you born?

Australia

Other (please specify): _____

Town/city of birth: _____
(please write the name of Australian or overseas town or city where you were born)

Do you speak a language other than English at home?

No, English only

Yes, (please specify): _____

(If more than one language, indicate which is spoken most often.)

Are you of Aboriginal or Torres Strait origin?

Yes, Aboriginal Yes, Torres Strait Islander No

Please select your citizenship/residency status:

Australian citizen New Zealand citizen

Permanent resident of Australian

On a humanitarian visa Overseas resident

If selected "On a humanitarian visa" or "Overseas resident", a copy of visa to be submitted with this form for checking eligibility.

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES, please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area):

Hearing/deaf

Mental illness

Physical

Acquired brain impairment

Intellectual

Vision

Learning

Medical condition

Other _____

Where PTA cannot meet individual's needs and believes it cannot offer them the best service possible, it will refer them to another training provider.

Employment

Current Employment Status (tick **ONE** only):

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full-time (35 hours or more per week) or part-time (less than 35 hours per week) employed.

Full-time Employee

Part-time Employee

Self Employed – not employing others

Self Employed – employing others

Employed – unpaid worker in a family business

Unemployed – seeking full-time work

Not Employed – not seeking employment

Unemployed – seeking part-time work

If you are employed, please advise the following:

Job Title: _____

Date commenced employment at this employer: _____

Education

What is your highest **COMPLETED** school level? (tick **ONE** only)

If you are currently enrolled in secondary education, the **Highest school level completed** refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the **Highest school level completed** is Year 9.

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Never attended school |

Are you still enrolled in senior secondary education? Yes No

Have you **SUCCESSFULLY** completed any of the following qualifications? Yes No

If YES, please tick the appropriate identifier against any applicable qualification level:

A – Australian, E – Australian equivalent, I – International

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------|
| A | E | I | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bachelor degree or higher degree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advanced diploma or associate degree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diploma (or associate diploma) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate IV (or advanced certificate/technician) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate III (or trade certificate) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate II |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other education (including certificates or overseas qualifications not listed above) |

Did you achieve any of the above listed qualifications

AFTER turning 17? Yes No

Level & Title of Qualification obtained:

Year obtained: _____ Country obtained: _____

Level & Title of Qualification obtained:

Year obtained: _____ Country obtained: _____

Study Reason

Of the following categories, which **BEST** describes your **main reason** for undertaking this course/traineeship/apprenticeship? (tick **ONE** only)

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

Fee Concession

Are you registered with Centrelink for any of the following allowances?

- | | |
|-----------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes (tick appropriate allowance) | <input type="checkbox"/> No |
| <input type="checkbox"/> Newstart Allowance | |
| <input type="checkbox"/> Youth Allowance | |
| <input type="checkbox"/> Age Pension | |
| <input type="checkbox"/> Disability Support Pension | |
| <input type="checkbox"/> Parenting Payment (Single) | |
| <input type="checkbox"/> Parenting Payment (Partnered) | |

Please state Centrelink customer reference number (CRN) if applicable

Centrelink benefit expiry: _____

Are you a current and valid concession holder or a dependent spouse or dependent child of the holder? Yes No

If YES, please tick the appropriate card listed below.

- | | |
|-----------------------------------------------------------|--------------------|
| <input type="checkbox"/> Health Care Card | Expiry Date: _____ |
| <input type="checkbox"/> Pensioners Concession Card | Expiry Date: _____ |
| <input type="checkbox"/> Veterans Affairs Concession Card | Expiry Date: _____ |
| <input type="checkbox"/> Other, please specify: _____ | |

Emergency Contact

Name: _____

Relationship to applicant: _____

Address: _____

Suburb: _____ Postcode: _____

Name: _____

Did you complete this form yourself?

- Yes Yes, but with some assistance
- No, another person completed this form for me to sign

Section 4: Unique Student Identifier (USI)

Do you have a Unique Student Identifier (USI)?

Yes, it is: _____

No, but I will obtain this myself from www.usi.gov.au (provide it to your trainer)

No, I would like PTA Training to obtain this on my behalf (please fill in details below to provide some additional information)

Application for USI

I, _____
(name)

authorise PTA Training to apply pursuant to sub-section 9(2) of the *Student Identifiers Act 2014*, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>, and NCVET policies, procedures and protocols published on NCVET's website at www.ncver.edu.au

We will also need to verify your identity to create your USI.

Please provide a copy of one of the following forms of identification:

Australian Driver's Licence

Medicare Card

Australian Birth Certificate

Australian Passport

Visa (with non-Australian Passport)

ImmiCard

Citizenship Certificate

Certificate of Registration by Descent

In accordance with section 11 of the *Student Identifiers Act 2014*, PTA Training will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

Signed:

Date:

Release Agreement of Images and Testimonials

I hereby give Print Training Australia my unconditional and irrevocable permission to:

- > use copyright and publish the photographs/footage taken of me for the purpose of promotion, marketing and general publicity for PTA Training until I complete the course;
- > use and publish testimonials for the purpose of promotion, marketing and general publicity for PTA Training up to a period of 5 years after completion of my course.

I release PTA Training from all legal claims that may come as a result of the use of my photograph/testimonial will be utilised. I understand that this permission can be relied upon by PTA Training until I give written notice of revocation in respect of future publications.

Please tick if you do not wish to give permission to Print Training Australia according to the above release agreement.

WorkReady Participant Agreement

COLLECTION AND USE OF PERSONAL INFORMATION

I acknowledge and agree that:

1. I wish to participate in an activity funded by the Skills and Employment Division in the Department of State Development.
2. I accept that the Minister for Employment, Higher Education and Skills (Minister) will allocate to me a Participant Number, to be used to record my participation in, and the results of, activities funded by the Skills and Employment Division in the Department of State Development.
3. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Skills and Employment Division in the Department of State Development will be undertaken by a training provider who has a Skills for All or WorkReady contract with the Minister.
4. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled, and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Skills and Employment Division in the Department of State Development. I consent to the Minister, its employees, agents and contractors using this information for the Department of State Development's performance measurement and reporting activities.
5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the Student Identifiers Act 2014) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Skills and Employment Division in the Department of State Development and to record and track my progress through the activities funded by the Skills and Employment Division in the Department of State Development.
6. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my Personal Information and that they may be required to share my personal information with:
 - registered training organisations who have a current Skills for All or WorkReady contract with the Minister;
 - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;

Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
7. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
 - statistical reporting and analysis in respect to training outcomes
 - undertaking an evaluation of the training
 - promoting the training and WorkReady (or any other program run by the Minister which relates to training);
 - assessing quality of training
 - recording the information about my training
 - reporting on the WorkReady Program (or any other program run by the Minister which relates to training)
8. I agree to notify the Minister if the Personal Information outlined above changes.
9. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.
10. I agree to participate in data collection activities (including surveys, workshops, focus groups and other methods of collecting information from participants) conducted by the Department of State Development to evaluate skills and employment programs.

I hereby consent to the collection and use of my Personal Information in the manner outlined above.

Privacy Statement

Under the Data Provision Requirements 2020, Print Training Australia is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Print Training Australia for statistical, regulatory and research purposes. Print Training Australia may disclose your personal information for these purposes to third parties, including:

- > School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- > Employer – if you are enrolled in training paid by your employer;
- > Commonwealth and State or Territory government departments and authorised agencies;
- > NCVER;
- > Organisations conducting student surveys; and
- > Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- > issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- > facilitating statistics and research relating to education, including surveys;
- > understanding how the VET market operates, for policy, workforce planning and consumer information; and
- > administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. **You may opt out of the survey at the time of being contacted.**

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Participant Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Statement above.

I understand that the information collected on this training application form will be treated as private and confidential and will not be divulged without my written consent, except where Print Training Australia is legally obliged to do so.

I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of any enrolment or the withdrawal of any offer made by Print Training Australia.

I authorise representatives from Print Training Australia to discuss my training program with my employer/supervisor if required.

I have read and understood Print Training Australia's Fees, Credits and Refund Policy. I acknowledge that Print Training Australia has the right to pursue outstanding amounts through a debt collection agency should I or my employer fail to pay all debts owing to Print Training Australia. All associated collection costs will be added to the outstanding amount.

PARTICIPANT'S SIGNATURE:		DATE:	
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If under the age of 18, the Parent or Legal Guardian must sign below:

Parent/Guardian:			
Parent/Guardian's Signature:		DATE:	

Suitability and Support Needs Assessment Checklist

Barriers/Support needs identified	Supports to be provided	Suitable	Suitable with Support	Not Suitable
1. Ability to communicate effectively in English				
<input type="checkbox"/> Unable to read, understand and complete basic forms <input type="checkbox"/> Limited vocabulary <input type="checkbox"/> Unable to respond to questions, follow discussion or needs interpreter <input type="checkbox"/> Low level prior education in first language or illiterate in first language Notes:	<input type="checkbox"/> Tutorial/study skills support through training provider <input type="checkbox"/> Tutorial/study skills support through training school <input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to skills SA Infoline <input type="checkbox"/> Referral to TAFE SA funded English language assessment and access to fee free English language courses Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aptitude for learning				
<input type="checkbox"/> VET study skills such as planning, organising, time management, prioritising, self-discipline, self-directed learning, or problem-solving need development or are impacted by disability* <input type="checkbox"/> Prior or current poor attendance history <input type="checkbox"/> Lacks the level of interest or motivation needed for the course <input type="checkbox"/> Capabilities to successfully interact with other students or trainer need development or are impacted by disability* <input type="checkbox"/> Communication skills such as listening, speaking, observing, or empathising need development or are impacted by disability* <input type="checkbox"/> Ability to stay on task, focus or maintain attention or concentration needs development or are impacted by disability* <i>*The definition of disability is broad and does not rely on a formal diagnosis of disability and includes disability in relation to physical, intellectual, psychiatric, sensory, neurological, learning disabilities and physical disfigurement [Source: Department of Education Disability Discrimination Act 1992 Fact Sheet 1 DDA]</i> Notes:	<input type="checkbox"/> Assistance with preparations for formal study environment and course expectations <input type="checkbox"/> Tutorial/study skills support through training provider <input type="checkbox"/> Tutorial/study skills support through school <input type="checkbox"/> School to provide personal and learning supports <input type="checkbox"/> Reasonable adjustments in accordance with the Disability Discrimination Act Education Standards <input type="checkbox"/> Development of individual disability access plan <input type="checkbox"/> Referral to Learner Support Services (LSS) for supports <input type="checkbox"/> Referral back to school Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barriers/Support needs identified	Supports to be provided	Suitable	Suitable with Support	Not Suitable
3. Career goals and aspirations of the individual are aligned with the course of choice				
<input type="checkbox"/> Course does not align with the individual's personal career goals or aspirations <input type="checkbox"/> Unable to identify own or any personal career goals or aspirations <input type="checkbox"/> Unable to articulate the reasons for wanting to undertake the course or course is not own informed choice Notes:	<input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to Skills SA Infoline <input type="checkbox"/> Referral to alternative course that better match career goals and aspirations Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understanding of employment pathways the course can lead to, employer expectations and working conditions in this field of employment				
<input type="checkbox"/> Course will not lead to the employment opportunities the individual is seeking <input type="checkbox"/> Limited to no understanding of employment pathways, employer expectations and/or working conditions <input type="checkbox"/> Personal preferences, beliefs or values are not aligned with the type of employment the course leads to, employer expectations or working conditions Notes:	<input type="checkbox"/> Information provision/referral to more appropriate course and re-interview <input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to Skills SA Infoline Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Understanding of and ability to meet industry or regulatory requirements such as minimum age or police checks				
<input type="checkbox"/> Requirements can not be met for this course <input type="checkbox"/> Requirements impacted by: <input type="checkbox"/> Legal issues <input type="checkbox"/> Age <input type="checkbox"/> Other (specify) _____ Notes:	<input type="checkbox"/> Information provision, referral to more appropriate course <input type="checkbox"/> Re-interview when requirement can be met <input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to Skills SA Infoline Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barriers/Support needs identified	Supports to be provided	Suitable	Suitable with Support	Not Suitable
6. Ability to meet inherent course requirements related pre-requisites or training and assessment performance criteria.				
<input type="checkbox"/> Unable to meet inherent course requirements due to disability* or health <input type="checkbox"/> Does not yet meet prior educational attainment, experience or qualifications required <input type="checkbox"/> Oral communication skills, digital literacy and/or learning skills require further development to meet course requirements Notes:	<input type="checkbox"/> Vocational bridging units available to enable pre-requisites or digital literacy to be met <input type="checkbox"/> School to provide personal or learning supports <input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to Skills SA Infoline Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Understanding of course expectations, delivery methods, course and incidentals costs, location of training, recognition of prior learning, work placement and attendance requirements				
<input type="checkbox"/> Limited to no understanding of expectation and therefore ill prepared for participation of the course currently <input type="checkbox"/> Good understanding of expectations but individual identified currently unable to meet all due to circumstances that cannot be remedied through supports – will re-apply at later date <input type="checkbox"/> Good understanding of expectations but individual identified they are impacted currently by: <input type="checkbox"/> Transport to get to training or work placement <input type="checkbox"/> Finance/income to pay for course costs <input type="checkbox"/> Accommodation issues <input type="checkbox"/> Personal/family circumstances or commitments <input type="checkbox"/> Disability/health <input type="checkbox"/> Access to the technology required to undertake the course (internet, computer, laptop) <input type="checkbox"/> Other (specify) Notes:	<input type="checkbox"/> Timetabling adjustments <input type="checkbox"/> Flexibility in course requirements or assessment options to accommodate personal barriers <input type="checkbox"/> School to provide personal or learning supports <input type="checkbox"/> Referral back to school <input type="checkbox"/> Referral to LSS for supports <input type="checkbox"/> Referral to external services for support Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral Communication Assessment

Based on your interactions with the Participant during the enrolment application process, I believe the Participants oral communication skills (tick appropriate one):

3. Are sufficient to complete the training program
2. Will develop sufficiently during the program, with some coaching and support
1. * will require special assistance to develop to a level required to complete the program
0. * will not be adequate to complete this training program

Learning and Support Assessment and Plan

<i>Section 1 – complete for unemployed job seekers only</i>			<i>Section 2 – suitability assessment</i>		
The participant of an employment service provider (ESP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The participant has been assessed as suitable for the course	Yes <input type="checkbox"/>	
If yes, is a WorkReady ESP Referral provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<i>Section 3 – literacy and numeracy assessment (SRNI)</i>			<i>Section 4 – literacy and numeracy assessment (CSPA)</i>		
Reading levels meet minimum requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Participant assessed as requiring bridging units	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Numeracy levels meet minimum requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Participant assessed as requiring foundation skills course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>*If the participant does not meet the minimum requirements from CSPA, the result will be interpreted by the LLN specialist engaged by PTA.</i>					
<i>Section 5 – support needs assessment</i>					
Areas of support	Provide details on actions taken to implement supports for each applicable area (mark N/A where participant has no support needs in this area).				
Living	<input type="checkbox"/> Trainer notified	<input type="checkbox"/> In-class strategies developed	<input type="checkbox"/> Out of class supports identified	<input type="checkbox"/> Referral to external agency for ongoing support	<input type="checkbox"/> Referred to LSS
Learning	<input type="checkbox"/> Trainer notified	<input type="checkbox"/> In-class strategies developed	<input type="checkbox"/> Out of class supports identified	<input type="checkbox"/> Referral to external agency for ongoing support	<input type="checkbox"/> Referred to LSS
Transition	<input type="checkbox"/> Trainer notified	<input type="checkbox"/> In-class strategies developed	<input type="checkbox"/> Out of class supports identified	<input type="checkbox"/> Referral to external agency for ongoing support	<input type="checkbox"/> Referred to LSS
<i>Section 6 – course information</i>					
Course outline provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Foundation skills bridging units/vocational bridging units are detailed and attached	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Attachments

WorkReady Funding Eligibility Checklist (if required) attached	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		
Skills Recognition Form (if applicable) attached	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		
SRNI Report attached	<input type="checkbox"/>	and/or	CSPA Report attached	<input type="checkbox"/>

Fees Information

1. Fee for Service

Installment Amount	No. of Installments	Total

2. State Funding

Eligible for Concession Eligible for Exemption

SA	Eligible for Work Ready Funding under Accredited Training Service Agreement (ATSA) (Traineeship and Apprenticeship)		
	Installment Amount	No. of Installments	Total

3. Australian Apprenticeship Incentives Programme Eligibility Result (please tick applicable option)

<input type="checkbox"/>	Commencement & Completion	<input type="checkbox"/>	Re-Commencement & Completion	<input type="checkbox"/>	Completion Only	<input type="checkbox"/>	Ineligible
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4. Additional Information (Please fill in details where required)

Training Contract Number (if known)			
ANP sign-up Date:	ANP Name:		

PTA Representative:

I certify that all required fields have been completed by the participant and I have completed the Enrolment Confirmation Checklist and attached all the documentation.

Representative's Name:			
Representative's Signature:		DATE:	

Approval	Funding:			
	Name/Position:			
	Signature:		DATE:	

Business Support Use	VETtrak No:		Administrator Initials:	
	WorkReady Participant Number			