

Enquiry Form

Course name	<input type="checkbox"/> CHC33015 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC43115 Certificate IV in Leisure and Health <input type="checkbox"/> CHC43415 Certificate IV in Disability <input type="checkbox"/> CHC52015 Diploma of Community Services
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Student Details

SECTION 1					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Master
First name			Surname		
Other name				Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Unique Student Identifier			
If you do not have a Unique Student Identifier, please go to https://www.usi.gov.au/					
Residential address					
Residential postcode			State		
Home number				Mobile number	
Email					

SECTION 2	
Are you living in NSW social housing; or are you or your household on the NSW Housing Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the following apply to you?	<input type="checkbox"/> Asylum seeker – temporary humanitarian concern visa or temporary humanitarian stay visa (between 01/01/2017-31/12/2019) <input type="checkbox"/> Asylum seeker – bridging visa (between 01/01/2017-31/12/2019) <input type="checkbox"/> Refugee – humanitarian visa (between 01/01/2017-31/12/2019) <input type="checkbox"/> Refugee – protection visa or temporary protection visa (between 01/01/2017-31/12/2019) <input type="checkbox"/> Refugee – safe haven enterprise visa (between 01/01/2017-31/12/2019) <input type="checkbox"/> Out-of-home care (between 01/01/2016-31/12/2019) <input type="checkbox"/> Home school student (between 01/01/2017-31/12/2019) <input type="checkbox"/> No

SECTION 3				
Are you still at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highest school level completed	<input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 12	What year did you complete this schooling? (e.g.1964)

Enquiry Form

SECTION 4

What is your residency status?	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian permanent resident <input type="checkbox"/> Humanitarian visa <input type="checkbox"/> New Zealand citizens <input type="checkbox"/> None of the above
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Have you achieved any qualifications since turning 17?	<input type="checkbox"/> Yes, while still at school <input type="checkbox"/> Yes, after leaving school (post school qualification) <input type="checkbox"/> No	What is the highest level of any post school qualification achieved?	<input type="checkbox"/> Miscellaneous <input type="checkbox"/> Foundation <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree level <input type="checkbox"/> Bachelor Degree or higher
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If you have completed any of the above, please send your Record of Results (previously known as Academic Transcript/Results) to training@3bridges.org.au as you may be eligible for Credit Transfer or Recognition of Prior Learning. This may lower your course fee or length of study.

Have you undertaken any other Smart and Skilled qualifications this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 5

Are you an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both <input type="checkbox"/> No
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SECTION 6

Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> I am a dependent child or spouse of a person in receipt of a disability support pension <input type="checkbox"/> No (GO TO SECTION 7)
If yes, please specify:	

SECTION 7

Do you receive any welfare?	<input type="checkbox"/> Yes, I am a welfare recipient (GO TO SECTION 9) <input type="checkbox"/> I am a dependent child or spouse of a person in receipt of welfare (GO TO SECTION 9) <input type="checkbox"/> No (GO TO SECTION 10)
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Enquiry Form

SECTION 8

I receive (or my parent/spouse receives)	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Family Tax Benefit Part A - Maximum Rate <input type="checkbox"/> Farm Household 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 Pensions <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
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SECTION 9

How would you like to study?	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Mixed mode (both classroom and correspondence)
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SECTION 10

Are you an Employment Service Provider client?	<input type="checkbox"/> Yes <input type="checkbox"/> No (GO TO SECTION 11)
If yes, please provide Employment Service Provider Organisation/ID	
If yes, what is your client ID?	
Were you referred to this training by an Employment Service Provider client?	<input type="checkbox"/> Yes <input type="checkbox"/> No (GO TO SECTION 11)
If yes, what is their Employment Service Provider referral ID	
If you are long term unemployed, please provide Government evidence that you have been unemployed for 52 weeks or longer.	

SECTION 11

I give permission for 3Bridges Community RTO 41056 to check my eligibility and fees under Smart and Skilled.			
Signature		Date	