

Expression of Interest SQW Certificate III in Individual Support



Mt Gravatt
COMMUNITY CENTRE INC
Supporting the Community Since 1990

Personal Details			
First Name:		Surname:	
Street:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Date of Birth:		Gender:	
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Country of origin:		Preferred Language:	
Residency Status			
<input type="checkbox"/> Australian Citizen		<input type="checkbox"/> New Zealand Citizen	
<input type="checkbox"/> Australian Permanent Resident		Visa Subclass:	
<input type="checkbox"/> Australian Temporary Resident		Visa Subclass:	
<input type="checkbox"/> Bridging Visa Holder		Visa Subclass:	
Employment Status			
Are you currently working?	<input type="checkbox"/> Yes	Employer:	
	<input type="checkbox"/> No	Employment type:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
		Length of unemployment:	
Do you currently receive a payment from Centrelink?			
<input type="checkbox"/> No	<input type="checkbox"/> Newstart	<input type="checkbox"/> Parenting Payment	<input type="checkbox"/> Youth Allowance
<input type="checkbox"/> Other, please specify:			
Do you have a concession or health care card?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently registered with a Jobactive or ParentsNext provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give provider name, location & case manager:			

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Education and Training	
Highest grade completed at school	
Have you completed other training since school? <i>Eg Cert II in warehousing</i>	
Have you ever participated in a <i>Skilling Queenslanders for Work</i> program? If yes, with which organisation and when?	
Why do you want to participate in this program?	
Can you identify your strengths and areas of growth?	
Eligibility Criteria	
<p>This program is funded under the Queensland Government's <i>Skilling Queenslanders for Work</i> initiative. Participants must be:</p> <ul style="list-style-type: none"> • A Queensland resident • over 18 years • an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on a pathway to permanent residency, or a New Zealand citizen • ineligible for Australian Government employment services or assistance; or • require complementary services because you have barriers to learning and employment; or • you have accessed Australian Government services for more than six months and remain unemployed. • jobactive clients, regardless of your jobactive stream, are eligible to participate on a SQW project if we identify there are barriers to employment and you require complementary services or you have been accessing Australian Government services for more than six months and remain unemployed. • you have not participated in an SQW program in the last four years. 	

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Agreement

- Completion of this form does not guarantee a place within this program
- I may be asked to provide additional information and/or supporting documentation prior to selection
- MGCCI will collect, store and use my personal information for the sole purpose of managing their Skilling Queenslanders for Work programs in line with their Services Agreements with the Queensland Government, and other applicable legislative requirements;
- MGCCI will treat my information confidentially in accordance with the Privacy Act 1988 and any other applicable legislation, regulations and standards;
- MGCCI will not share any of my personal information, except for program progress reporting to the Department of Education and Training or as otherwise required under their Services Agreements, or to provide me with job application and other relevant assistance, which may include providing my information to MGCCI's partner RTO or to prospective employers

Signature

Date