**FUNDING DETAILS:** SDS Training has been awarded funding for Higher Level Skills – Civil Construction: ***RII40715 Certificate IV in Civil Construction Supervision.*** This program aims to provide workers, including clerical, administration and professional staff whose employers are in the Building and Construction industry with an opportunity to increase their knowledge and skills and provide opportunities to transition into higher level and paraprofessional roles.

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| **PARTICIPANT DETAILS:** |
| **Full Name:**  | **Date of Birth:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  |
| **Phone Number:** | **Email:**  |
| **Address:** |
| **Post Code:**  | **USI:** |

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| **FUNDING ELIGIBILTY QUESTIONNAIRE:** |
| I currently hold: ☐ Australian/New Zealand Citizenship ☐ Australian Permanent Residency ☐ Refugee/Humanitarian Visa |
| I am: ☐ A Permanent Resident of Queensland ☐ Permanently Employed in Queensland |
| I am: ☐ Currently Employed ☐ Currently Unemployed ☐ Self- Employed |

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| **EMPLOYMENT DETAILS (CURRENTLY EMPLOYED PARTICIPANTS ONLY):** |
| Name of Current Employer:  |
| Employer ABN:  |
| Job Title: |
| Date Your Employment Commenced: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_\*Please note you will need to provide a signed document from your employer with the above information. |

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| **EMPLOYMENT DETAILS (CURRENTLY UNEMPLOYED PARTICIPANTS ONLY):** |
| Name of Most Recent Employer: |
| Employer ABN: |
| Job Title:  |
| Date Employment Commenced: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_Date Employment Ceased: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| I have provided a copy of: ☐ Separation Certificate ☐ Letter of Termination ☐ Statutory Declaration  |

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| **EMPLOYMENT DETAILS (SELF-EMPLOYED PARTICIPANTS ONLY):** |
| I have provided a copy of the following: ☐ Statutory Declaration (ABN, company Name, job title, job duties, confirmation of self-employment)☐ Copy Of At Least One Recent Job Invoice  |

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| **ADDITIONAL INFORMATION:** |
| Please tick the boxes that apply to you: |
| ☐ I am currently employed by an authority (e.g. Queensland Government) |
| ☐ I am currently employed by and/or contracted to a Registered Training Organisation |
| ☐ I am currently enrolled and/or participating in a Queensland secondary school program |
| ☐ I have completed funded training under the CSQ Higher Level Skills – Civil Construction Program on/after 01/10/2018 |
| ☐ I am an international student |
| ☐ I am completing/have completed the same training courses under another authority/similar body as the training being undertaken as part of the CSQ Higher Level Skills – Civil Construction Program.  |

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| **EVIDENCE:** |
| Please tick the box to indicate which documents you have attached to your application:  |
| **Birth/Citizenship Evidence** | **(1) One Required** | ☐ Full Birth Certificate/Birth Certificate Extract ☐ Passport☐ Medicare Card (Green Card Only – Must Provide a Colour Copy) ☐ Visa (Excluding 457) |
| **Residency/Address Evidence** | **(1) One Required** | ☐ Queensland Driver’s Licence☐ Telephone Account☐ Bank Statement☐ Real Estate Agent Statement ☐ Other formal document detailing your full name and current residential address |
| **Employment Evidence** | **All Required – As Relevant** | ***If Currently Employed:*** ☐ Signed document outlining relevant employment details (name of employer, employer ABN, name of employee, job title and date employment commenced) ***If Currently Unemployed:***☐ Separation certificate ☐ Letter of termination☐ Statutory declaration***If Self – Employed:*** ☐ Copy of at least one recent job invoice☐ Statutory declaration stating company name, company ABN, your job title, your job duties and confirmation of self-employment |

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| **PARTICIPANT DECLARATION:** |
| ☐ I declare that the information and the supporting documentation provided is true and correct to the best of my knowledge and understand and I acknowledge it is a serious offence to provide false or misleading information |
| ☐ I declare that I have not previously completed the unit of competency/competencies that I am requesting funding for and accept that I will be responsible for payment of course fees where it is proven that false or misleading information has been supplied  |
| ☐ I have read the ‘Participant Handbook’ and any relevant information associated with the CSQ Higher Level Skills – Civil Construction Program |
| ☐ I hereby give permission for Construction Skills Queensland (CSQ) to contact me for the purposes of including, but not limited to, a review and destination surveys as well as current and future CSQ products and services |
| ☐ I hereby give permission to SDS Training to conduct a DetConnect check |
| ☐ I acknowledge and accept the terms and conditions of this program, including enrolment, training and assessment and cancellation |

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please send this form completed, along with required accompanying documentation to:* *csq@sdstraining.edu.au*

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| **COURSE CODE** | **COURSE TITLE** | **INTEREST** | **PARTICIPANT CO-CONTRIBUTION\*** |
| RII40715 | Certificate IV in Civil Construction Supervision |  ☐ | $0.00 |