

FUNDING DETAILS:

SDS Training has been awarded funding for Higher Level Skills – General: *BSB41415 Certificate IV in Work Health and Safety*, *BSB51315 Diploma of Work Health and Safety* and *BSB51415 Diploma of Project Management* during the funding period (October 01st 2019 – September 30th 2020). This program aims to provide workers, including apprentices, trainees and relevant 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.

PARTICIPANT DETAILS:	
Full Name:	Date of Birth: ____ / ____ / _____
Phone Number:	Email:
Address:	
Post Code:	USI:

FUNDING ELIGIBILITY QUESTIONNAIRE:
I currently hold: <input type="checkbox"/> Australian/New Zealand Citizenship <input type="checkbox"/> Australian Permanent Residency <input type="checkbox"/> Refugee/Humanitarian Visa
I am: <input type="checkbox"/> A Permanent Resident of Queensland <input type="checkbox"/> Permanently Employed in Queensland
I am: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Self- Employed

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.
I have provided a copy of: <input type="checkbox"/> Payslip <input type="checkbox"/> Document signed by employer <input type="checkbox"/> Statutory Declaration

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: <input type="checkbox"/> Separation Certificate <input type="checkbox"/> Statutory Declaration

EMPLOYMENT DETAILS (SELF-EMPLOYED PARTICIPANTS ONLY):
I have provided a copy of the following: <input type="checkbox"/> Statutory Declaration (ABN, company Name, job title, job duties, confirmation of self-employment) <input type="checkbox"/> Copy Of At Least One Recent Job Invoice

ADDITIONAL INFORMATION:

Please tick the boxes that apply to you:

- I am currently employed by an authority (e.g. Queensland Government)
- I am eligible under the Apprentice Advance Plus Program
- 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 - General Program on/after 01/10/2019
- 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 - General Program.

EVIDENCE:

Please tick the box to indicate which documents you have attached to your application:

Birth/Citizenship Evidence	(1) One Required	<input type="checkbox"/> Full Birth Certificate/Birth Certificate Extract <input type="checkbox"/> Passport <input type="checkbox"/> Medicare Card (Green Card Only – Must Provide a Colour Copy) <input type="checkbox"/> Visa
Residency/Address Evidence	(1) One Required	<input type="checkbox"/> Queensland Driver’s Licence <input type="checkbox"/> Telephone Account <input type="checkbox"/> Bank Statement <input type="checkbox"/> Real Estate Agent Statement <input type="checkbox"/> Other formal document detailing your full name and current residential address
Employment Evidence	All Required – As Relevant	<p><i>If Currently Employed:</i></p> <input type="checkbox"/> Signed document outlining relevant employment details (name of employer, employer ABN, name of employee, job title, job duties and date employment commenced) <input type="checkbox"/> Statutory declaration <p><i>If Currently Unemployed:</i></p> <input type="checkbox"/> Signed document outlining relevant past employment details (name of most recent employer, employer ABN, job title, job duties and date employment ceased) <input type="checkbox"/> Separation certificate <input type="checkbox"/> Statutory declaration <p><i>If Self – Employed:</i></p> <input type="checkbox"/> Copy of at least one recent job invoice <input type="checkbox"/> Statutory declaration stating company name, company ABN, your job title, your job duties and confirmation of self-employment

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 - General 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: info@sdstraining.edu.au

COURSE CODE	COURSE TITLE	INTEREST	PARTICIPANT CO-CONTRIBUTION*	CSQ SUBSIDISED AMOUNT
BSB41415	Certificate IV in Work Health and Safety	<input type="checkbox"/>	\$0.00	\$2,700.00
BSB51315	Diploma of Work Health and Safety	<input type="checkbox"/>	\$0.00	\$2,760.75
BSB51415	Diploma of Project Management	<input type="checkbox"/>	\$0.00	\$2,565.00