

**EMPLOYMENT SERVICE PROVIDER REFERRAL FORM**

<b>Course:</b>	<b>Funding Source:</b>	<b>Delivery Mode:</b>	<b>Course Dates:</b>
CHC30408–Certificate III in Disability	Productivity Places Program (PPP)-Job Seekers	Classroom/Onsite Training	<b>A.</b> 3 Oct-16 Dec 2011 & 23 Jan-3 Feb 2012
<b>Location:</b>			<b>B.</b> 20 Feb-15 June 2012
19-21 Neumann Rd Capalaba QLD 4157			<b>C.</b> 16 July – 9 Nov 2012

**JOB SEEKER DETAILS**

Title:                      Mr     Mrs     Ms     Miss     Other: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Male     Female

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**ELIGIBILITY**

(You must answer "Yes" to either a), b) or c) to be eligible)

**Eligibility Question 1** Please indicate your job seeker eligibility:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) An Australian citizen living in Queensland; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) A permanent resident of Australia; or          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) A Humanitarian refugee living in Queensland.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to ANY of the above-continue to the next question.

If you answered "No" to the above, your job seeker is NOT eligible to participate in this program.

(You must answer "Yes" to either a), b), c), d), e), f) or g) to be eligible)

**Eligibility Question 2** Please indicate your job seeker's eligibility:

- a) Currently registered with an Employment Service Provider (ESP); or  Yes  No
- b) An income support recipient who is not currently required to meet activity test or participant requirements; or  Yes  No
- c) A participant in the Community Development Employment Projects scheme; or  Yes  No
- d) Not currently working and seeking or intending to seek paid employment or self-employment after completing the qualification; or  Yes  No
- e) A participant in the Commonwealth's Access Program; or  Yes  No
- f) Not working but are participating in volunteering activities; or  Yes  No
- g) A person aged 17-19 years working up to 15 hours/week.  Yes  No
- h) Above the age of 17 years old.  Yes  No

If you answered "Yes" to ANY of the above-continue to the next question.

If you answered "No" to ALL of the above, your job seeker is NOT eligible to participate in this program.

**JOB SEEKER CAPACITY**

- N/A
- NESB
- Sole Parent
- Indigenous
- Disability

**PRIOR EDUCATION ACHIEVEMENTS**

Since leaving school, has your job seeker *completed* any qualifications or individual Units of Competency?  Yes  No

If 'Yes', please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**JOB SEEKER TRANSPORTATION STATUS**

- Private Vehicle
- Train
- Bus
- Other

## EMPLOYMENT SERVICE PROVIDER DETAILS

Employment Service Provider (ESP): \_\_\_\_\_

ESP Branch (Suburb): \_\_\_\_\_

ESP Phone Number: \_\_\_\_\_

ESP Consultant: \_\_\_\_\_

Consultant Email: \_\_\_\_\_

Job Seeker Identifier Number: \_\_\_\_\_

Indicate current stream level: \_\_\_\_\_

- How did you hear about this PPP program?
- Email Marketing
  - Promotional Flyer in ESP Branch
  - Horizon Foundation Inc. Newsletter
  - Horizon Foundation Website
  - Other

Why would you like to complete this course? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT SERVICE PROVIDER DECLARATION

By signing and submitting this enrolment form, you declare the following:

- I declare that all information provided by me to be true and correct.

### Employment Service Provider

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Please fax the completed referral form to –**

Attention: Leigh Dacey  
Horizon Specialised Training  
Email: [training@horizoninc.org](mailto:training@horizoninc.org)  
Fax: (07) 3245 1788