Focal Holdings Pty Ltd
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t/a Australian College of Hospitality; The Illawarra Business College; Australian College of Community Care
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SHORT COURSES ENROLMENT APPLICATION AND AGREEMENT

COURSE DETAILS

SITSS00069 Food Safety Supervisor Skill Set ☐	SITHFAB021 Responsible Service of Alcohol ☐
SITHGAM022 Provide responsible gambling services ☐	SITHFAB025 Prepare and serve espresso coffee ☐

PERSONAL DETAILS – (Please use block letters)

Title:	Mr ☐	Mrs ☐	Ms ☐	Other (Please specify)	
First Name		**Middle / Other Name/s**			
Family Name					
Date of Birth (Day/Month/Year):		**Gender**	Female ☐	Male ☐	Not specified ☐
USI Number (If you do not have a USI number, please apply through the USI portal http://www.usi.gov.au/create-your-USI/			**USI -**		
Residential Address					
Flat/Unit & Street No		Street Name			
Suburb		Postcode		State/Territory	
Phone/Mobile Number		**Email address**			

RESIDENCY STATUS

Resident Type (please tick below whichever is applicable)

Australian Citizen ☐	Australian Permanent Resident ☐	New Zealand Citizen ☐	Humanitarian Visa ☐	None of these ☐

Country of Birth	Australia ☐	Other ☐ (Please specify)		**City/Town of Birth**	

CULTURAL DIVERSITY

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only ☐	Yes, other ☐ (Please specify)			
How well do you speak English?	Very well ☐	Well ☐	Not well ☐	Not at all ☐

DEMOGRAPHIC INFORMATION (Please indicate which region is applicable to you)

Are you living in NSW social housing or is your household on the NSW Housing Register?		Yes ☐	No ☐
What year did you complete Year 12 secondary school?			
Are you of Aboriginal or Torres Strait Islander origin?	No	Yes, Aboriginal ☐	Yes, Torres Strait Islander ☐

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications since turning 17?				Yes ☐	No ☐
(If YES, what is your highest education level):	Foundation ☐	Certificate I ☐	Certificate II ☐	Certificate III (or Trade Certificate) ☐	
Certificate IV or above ☐	Certificate IV or above (with acquired disability) ☐	Bachelor degree or higher degree level ☐			

DISABILITY (Please tick relevant box) Certificate IV and above with acquired disability

Do you have a disability, impairment or long-term condition? (Please tick relevant box)	Yes ☐	No ☐

(If YES, then please indicate the areas of disability, impairment or long-term condition; if NO, please ignore this question)

Hearing/Deaf ☐	Learning ☐	Vision ☐	Acquired Brain Impairment ☐
Physical ☐	Mental Illness ☐	Mobility ☐	Medical Condition ☐
Intellectual ☐	Other ☐ (Please specify)		

Have you been assessed by a specialist health professional as a student with a Disability? (If yes, please provide a supporting statement from your medical practitioner, an appropriate government agency, or a relevant specialist allied health professional).	Yes ☐	No ☐
Are you in receipt of a Disability Support Pension (DSP)?	Yes ☐	No ☐
Are you a dependent child or spouse/partner of a person in receipt of a Disability Support Pension?	Yes ☐	No ☐
Are you the dependent child, spouse or partner of a recipient of an eligible payment? (If "yes", please select the relevant category below):	Yes ☐	No ☐
• Dependent child of a Beneficiary (excluding the Disability Support Pension (CHLD)?	Yes ☐	No ☐
• Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension) (PART)?	Yes ☐	No ☐
• Dependent child of a Disability Support Pension Beneficiary (DCH2)?	Yes ☐	No ☐
• Dependent spouse or partner of a Disability Support Pension Beneficiary (DPA2)?	Yes ☐	No ☐

WELFARE STATUS

Please indicate your current welfare status (if applicable)

Dependent Child or Spouse of a welfare recipient ☐	Welfare recipient ☐	Not a welfare recipient ☐

(If Yes, please indicate the type of payment from the list below):

☐ Jobseeker	☐ Austudy / Abstudy	☐ Carer Payment	☐ Disability Support Pension
☐ Sickness Allowance	☐ Youth Allowance	☐ Parenting Payment (Single)	
☐ Other (please specify)			

(N.B. Attach either a letter or a current Income Statement from the Dept of Human Services (Centrelink), a current Concession Card or any other evidence that shows the CRN and benefit category)

EMPLOYMENT STATUS

Which BEST describes your <u>current</u> employment status?

Unemployed - seeking full-time work ☐	Full-time employee ☐	Part-time employee ☐
Unemployed - seeking part-time work ☐	Not employed - not seeking employment ☐	Other status – not specified ☐

Are you a client of an Employment Services (Jobactive) Provider? (If you answer "Yes" to this question please provide the following details):	Yes ☐	No ☐
Employment Services (Jobactive) Provider name/I.D.:		
Employment Services Client I.D.:		
Have you been referred to this training by an Employment Services (Jobactive) Provider? (If you answer "Yes" to the above question please provide the following details):	Yes ☐	No ☐

Please provide your Employer details below (if applicable):

Employer's Business Name:				
Employer's Contact Name and Address:				
	Level/Suite & Street No		Street:	
	Suburb:		Postcode:	

(Only respond to the following questions if you are not currently working on a full-time basis)

EQUITY ASSISTANCE

The information provided in response to the following questions will assist us in implementing any strategies or providing additional resources, etc., to assist you with your learning.

Do you require any additional support or assistance to complete your studies? (If you answer 'Yes', please specify below the type of assistance required)	Yes ☐	No ☐

I have difficulty with comprehension/understanding tasks ☐	I have other difficulties (please provide details below) ☐
I have difficulty reading and/or writing ☐	I have difficulty in maintaining concentration ☐
I have a medical condition that may prevent me from undertaking certain tasks ☐	Please specify:

EMERGENCY CONTACT DETAILS

Contact Name			**Relationship**	
Mobile				
Do you have any allergies?	Yes ☐	No ☐	**Please list allergies:**	
Do you take any medication?	Yes ☐	No ☐	**Please list medications:**	
In the event of an emergency do you give the College permission to organise emergency transport and treatment and you agree to pay all costs related to the emergency (this applies only to students attending classroom-based courses).	Yes ☐	No ☐		

Important Note:. Email to info@focal.nsw.edu.au.
By completing and submitting this form, I declare that I have read, understand and accept the terms and conditions of enrolment which appear on the College's website.

Signature of Applicant:		**Date:**	