

EXPRESSION OF INTEREST

Cert III Individual Support – Aged Care Carers Consortium – Skilling Queenslanders for Work Funded under the Queensland State Government

Please complete the section below to enable us to consider eligibility to access the program

Personal Details

Surname:	Given Names:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Address:	
	Postcode:
Telephone:	Mobile:
Phone:	Mobile:

Eligibility *(please tick appropriate box)*

This program is funded under the Queensland State Government. To be eligible to participate in the program, you must be:

- An Australian citizen
- Permanent Resident
- Mature Aged person (over 45)
- Wanting to return to the workforce
- From a cultural or linguistically diverse background
- Have a disability

The program primarily targets individuals who are:

- Ineligible for Australian Government employment services or assistance (e.g. from Job Active or Disability Employment service providers); or
- require complementary services because they have significant barriers to learning and employment; or
- Have accessed Australian Government services (e.g. through Centrelink and/or Job active or DES providers) **for more than six months and remain unemployed.**

If you have any questions about your program eligibility, please contact David Worsnop (CEO) or Kathy Lawson (Coordinator) at info@allaboutliving.com.au or on 3269 1915 between 8:00 am and 4:00 pm. Please return this form via e-mail or hand it in at our office at 28a Lagoon Street, Sandgate, Qld 4017.

Residency Status

Please tick the appropriate box to indicate your current residency status in Australia:

<input type="checkbox"/> Australian 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: _____
<input type="checkbox"/> New Zealand citizen	
<input type="checkbox"/> Other (if applicable)	

Cultural Background

Do you identify as being of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were born overseas (i.e. not in Australia)	
Country of Origin:	
Language(s) spoken at home:	
Date of first arrival in Australia:	

Employment Status

Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you were born overseas (i.e. not in Australia)				
If NO , how long have you been unemployed?				
What was your last job?				
If you are working, please tick the appropriate box to indicate your current employment status	Casual	Part-time	Full-time	Volunteer
What is your current job and how many hours a week do you work>				
Do you hold a current driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
License type (please tick appropriate category)	Open	Manual	Provisional	Learner

Centrelink Benefits and Employment Services

Are you currently receiving Centrelink benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify	<input type="checkbox"/> Newstart	<input type="checkbox"/> Other	
Do you have a current concession or health care card?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently registered with a Job Active or disability Employment Services provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give provider name, location, case manager and contact details:			
<u>Provider Name</u>	<u>Location</u>	<u>Case Manager</u>	<u>Contact Details</u>

Education & Training

What is the highest level of schooling you have completed, where and when? E.g: Year 10, 2001)	
Have you completed any post-school training? If yes, where and when? (E.g. Cert III in Children's Services 2010)	

Prior Experience and Motivation

Do you have any prior experience in this type of training/industry?	
Why do you want to do this training?	
Can you identify any barriers where you require additional support during the program?	
You must be fit to perform all practical duties included manual work. Do you have any health conditions that would limit your ability to do so?	Please tick Yes or No where indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
You will be required to have a Criminal History Check. A criminal record may not be a barrier to enrolment. However, we may need to discuss any implications this may have in relation to aspects of your practical work placements during the program.	Are you willing to undergo a Police check and/or Yellow Card application? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you subject to a Prohibition Noticer (under section 182 of the Education & Care Services National Law Act 2011)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the subject of any criminal charges pending before a court <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found guilty or convicted of an offence as an adult within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found guilty or convicted of an offence as a juvenile within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
It may be necessary to check your Australian residency/eligibility to work status with the Department of Immigration and Border Protection	Do you give permission to ALL ABOUT LIVING to view your visa/Work Entitlements verification Online from the Department of Immigration & Border Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

AAL LIVING INC. has collected this information for the purpose of delivering the SQW program. And will keep this and any other information and/or supporting documents provided, to meet the requirements if the SQW Service Agreement with the Queensland Government. We will keep your personal details confidential and store them securely in line with our policies and procedures. We will not share any information, other than program progress reporting to the Department of Education & Training or as otherwise required under our service agreement or with your express approval to provide you with job search and other relevant assistance. Please therefore sign the following declaration:

I _____ (please print) **declare the above to be true in all respects.**

I understand that:

- Failure to provide the requested information may lead to my Expression of Interest not being further considered or delayed pending further consideration and possible discussion with me
- If I am selected for this position but have provided false or misleading information, my enrolment may be instantly terminated
- My submission of this Expression of Interest does not guarantee me a place for participation in the SQW program and that I will be advised of the further participation process in due course
- I may be asked to provide additional information and/or supporting documentation to **ALL ABOUT LIVING INC.** during the selection process.

Signature: _____

Date: ____/____/____