

**EXPRESSION OF INTEREST
Cert III Individual Support – Ageing
Carers Consortium 3.5 - Funded by 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:	Email:

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 or Permanent Resident
- A QLD Resident
- Over the age of 15 (must have a current driver's license)

The program primarily targets individuals who are:

- Wanting to return to the workforce or wanting a career change into a fast-growing essential services industry, or
- From a cultural or linguistically diverse background
- Have accessed Australian Government services (e.g. through Centrelink and/or Job active or DES providers); or
- Eligible for Australian Government employment services or assistance (e.g. from Job Active or Disability Employment service providers); or
- Require complementary services because of significant barriers to learning and employment

If you have any questions about your program eligibility, please contact Kathy Lawson, Human Resources Manager at klawson@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 174 Baskerville Street, Brighton, 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 NO , how long have you been unemployed?				
What was your last job?				
If YES , how many hours each week?				
Please tick the appropriate box to indicate your current employment status	Casual	Part-time	Full-time	Volunteer
What is your current job role				
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 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"/> COVID-19 <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 and where did you attend?	Where did you go to school?	Year Completed
Have you completed any other training?	(E.g. Cert III in Children's Services)	Year completed

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
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 Notice (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

Method of training during COVID-19

- Now that Government has relaxed the ban on social distancing, we will resume face to face classroom training at our training facility at 174 Baskerville Street, Brighton, QLD. Eligible participants will be provided with the calendar at the Information Session prior to commencement of training.
- Training will be delivered during school term only to eliminate the need for parents or carers to arrange after care.
- In the unlikely event that further COVID-19 bans are re-introduced our Trainer/Assessor will schedule a one on one hourly session each week; choice of communication will be agreed with you (skype, zoom, telephone). Training would then be continued through an on-line platform.

IF YOU HAVE ACCESS TO A COMPUTER AT HOME	
What level of computer literacy do you have?	<input type="checkbox"/> E-mail and social media, Google <input type="checkbox"/> Outlook, including Word, Excel, PowerPoint
Type of equipment	<input type="checkbox"/> Laptop <input type="checkbox"/> Tablet or iPad <input type="checkbox"/> Personal Computer (PC)
INDICATE YOUR CHOICE, IF YOU DO NOT HAVE ACCESS TO A HOME COMPUTER: <i>Please tick appropriate box</i>	
We will post study materials to you	<input type="checkbox"/>
You will collect and drop off completed study material	<input type="checkbox"/>

Where did you hear about this training (please circle)?

Facebook	Website	Google	Word of mouth
AAL staff member	Advertisement	Newsletter	Other (please specify)

Declaration

ALL ABOUT LIVING Inc. has collected this information for the purpose of delivering the SQ4W program. And will keep this and any other information and/or supporting documents provided, to meet the requirements if the SQ4W 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: ____/____/____