

CERTIFICATE 3 GUARANTEE – A QUEENSLAND GOVERNMENT INITIATIVE APPLICATION FORM

STUDENT INSTRUCTIONS

- a) Please write clearly using **BLOCK** Letters for responses
- b) Answer **ALL** questions & attach supporting documentation as required
- c) Submit this form when completed to info@ballistic.edu.au
- d) Co-contribution (Gap) payments must be paid when submitting this application

SECTION 1 - APPLICANT DETAILS

APPLICANT NAME	ADDRESS
DATE OF BIRTH	PHONE (H)
EMAIL	PHONE (M)

QUALIFICATION DETAILS

Certificate I in Conservation & Ecosystem Management (AHC10120)	Certificate III in Business (BSB30120)
Certificate II in Conservation & Ecosystem Management (AHC21020)	
Certificate III in Conservation & Ecosystem Management (AHC31421)	

(Please note that applicants are only eligible to receive one certificate 3 qualification funded under this program)

GAP PAYMENT DETAILS

Payable by Job Active / ESP Provider (JA/ESP Referral Form Rqd.)	Payable by Student
	Concession
	Non-Concession

SECTION 2 - APPLICANT COURSE REQUIREMENTS CHECK

I Have Access to:	
	A workplace or simulated work environment to complete required activities
	A reliable computer to complete work-related activities
	Microsoft Word & Microsoft Excel installed on my computer
	A phone for contact, questions and discussion with trainer/assessor
	Access to an email address that you can check regularly

SECTION 3 - SUPPORTING EVIDENCE REQUIRED

The following documents are attached with this application:	
	Attached Completed Enrolment form
	Attached copy of current photo ID (Drivers Licence, Passport, 18+ Card)
	Attached evidence of Citizenship (Birth Certificate, Medicare Card, Passport)
	Attached evidence of QLD Residency (Drivers Licence, Phone Bill, Electricity Bill with address and name)
	Attached evidence of concession status (where applicable – Health Care Card)

BTS Office Use Only

<input type="checkbox"/> DETConnect Eligibility Check Completed	<input type="checkbox"/> Eligibility Confirmed	<input type="checkbox"/> Ineligible & Advised
<input type="checkbox"/> Entered on BTSP	<input type="checkbox"/> Entered onto C3G Student System	<input type="checkbox"/> USI Completed

SECTION 4 - PROGRAM PRIVACY STATEMENT

The Queensland Government allocates funding for participants to undertake qualifications under the Certificate 3 Guarantee Program. Ballistic Training Solutions has been approved to deliver training and assessment for Qualifications which eligible participants will be entitled to undertake under the Certificate 3 Guarantee Program. The personal information you provide will be collected and used by Ballistic Training Solutions for the purposes of:

- assessing your eligibility for the Certificate 3 Guarantee Program;
- if you are eligible to participate in the Certificate 3 Guarantee Program, all aspects of enrolment, administration and delivery of the qualification; and
- Advising your Job Active Provider and/or Employer (if applicable) of your participation and attendance in training.

Ballistic Training Solutions may also collect and disclose your personal information to the Queensland Government Department of Education, Training and Employment (DET) and other Australian Government agencies for the purposes of:

- confirming your eligibility for participation in this program;
- informing DET that you have enrolled in an approved qualification;
- informing DET of your completion, non-completion or withdrawal from an approved qualification;
- reporting to DET's Ministers and other Members of Parliament on the Certificate 3 Guarantee Program;
- monitoring the service given by Ballistic Training Solutions to you and your satisfaction with the Certificate 3 Guarantee Program; and
- DET generally administering the Certificate 3 Guarantee Program.

Ballistic Training Solutions, DET may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

SECTION 5 – STUDENT DECLARATION

Oaths Act 1867

STATUTORY DECLARATION

I (Print Name) _____, of (Address) _____

in the state of Queensland, do solemnly and sincerely declare that:

(a) I am an Australian or New Zealand Citizen or Australian Permanent Resident;

(b) I am a Queensland resident;

I I have not completed a Certificate III or higher qualification (excluding qualifications completed at school);

(d) I have been informed of the requirements for undertaking this qualification with Ballistic Training Solutions;

I I understand that I am entitled to a maximum of one Certificate 3 qualification under this program;

(f) I agree to the terms and conditions set by Ballistic Training Solutions and the Queensland Government for participation in the Certificate 3 Guarantee program including but not limited to the Privacy Statement;

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867

Signature: _____

Taken and declared before me, at _____

This _____ day of _____ 20____

A Justice of the Peace / Commissioner for Declarations

SECTION 6 - Language, Literacy and Numeracy Assessment

This is an indicator tool and is used to allow Ballistic Training Solutions to adjust learning where appropriate to meet student needs.
 Participants are to complete the details below and be honest in their response.

1. To begin please complete the following personal details:

First Name:		Surname:	
Street Address:		Suburb:	
Postcode:		Phone:	
		D.O.B:	

2. Please outline how easily you can complete the following tasks:

I can...	On my own	With assistance	I can't do this	I have never
a) Fill in an application form				
b) Write a short message such as a telephone message or an email				
c) Use a calendar to record events such as birthdays				
d) Complete workplace forms such as leave applications and bank details				
e) Use a journal to record events, thoughts or feelings				
f) Write instructions for others such as recipes, directions or short 'how to' guides on a subject I am familiar with				
g) Workplace forms such as delivery dockets or expense reimbursements				
h) Write a letter to a friend				
i) Write a profession letter of applications for employment				
j) Complete a selection criteria				
k) Write a short story, either fictional or factual				
l) Gather information and create summaries from information sourced				
m) Write an article or commentary referencing other sources of supporting information				
n) Write policies or procedures in the workplace				

7. Please outline how easily you can complete the following tasks:

I can...	On my own	With assistance	I can't do this	I have never tried
a) Interpret a roster or timetable to organise myself				
b) Read my payslip and understand its contents				
c) Use a scale to measure the weight of something				
d) Follow instructions given in written formats (with or without small diagrams)				
e) Read media created information including, websites, advertisements, newspapers etc				
f) Search the internet for information				
g) Read flowcharts and tables as a way to compare information				
h) Use evacuation plans to find the closest exit				
i) Read contents pages or indexes in workbooks or textbooks to find information				
j) Read a novel (fictional or factual)				
k) Compare, contrast and interpret information presented in tables or graphs				
l) Interpret information from multiple sources in an effort to support or extinguish an opinion				

8. Tick those texts below that you feel comfortable reading and understanding:

<input type="checkbox"/> work roster	<input type="checkbox"/> gym timetable	<input type="checkbox"/> brochure	<input type="checkbox"/> novel/biography
<input type="checkbox"/> transport timetable	<input type="checkbox"/> meeting agenda	<input type="checkbox"/> emails/sms/instant message	<input type="checkbox"/> blog/discussion forum
<input type="checkbox"/> opening hours of a business	<input type="checkbox"/> telephone message	<input type="checkbox"/> author & titles of a book	<input type="checkbox"/> textbook
<input type="checkbox"/> calendar	<input type="checkbox"/> road works signs	<input type="checkbox"/> magazines & newspaper	<input type="checkbox"/> workplace analysis charts/tables/diagrams

9. Please outline how easily you can complete the following tasks:

I can...	On my own	With assistance	I can't do this	I have never tried
a) Estimate the length or height of objects				
b) Read an analogue, digital and 24 hour clock to determine the time				
c) Use a map to locate a position and find a route to the location				
d) Follow a simple recipe using measuring utensils and weights				
e) Record numbers in a table format				
f) Decipher the price differences between products, including those with differing sizes and find a level to create equal comparison				
g) Select, total and order from a catalogue while working inside a budget				
h) Adjust a recipe to suit different amounts, ie. Double or create one and a half times the size of the original recipe				
i) Read and interpret the different aspects of an invoice or a bill				
j) Draw a plan, such as a house floor plan, to scale				
k) Collect data through surveying and present the data using graphs and tables				
l) Reflect on a data source and analyse graphs and tables				
m) Follow algebraic formulas to solve equations				

10. a) How many units of competency are there in the qualification you have chosen?

b) Ideally, when would you like to have the qualification completed?

c) How many months away from today is that?

d) What is the maximum number of weeks you could spend on each unit of competency to complete in the timeframe you have chosen?

Student Signature:	Date:
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<input type="checkbox"/>	Recommended for Enrolment	LLN Review Completed by:			
<input type="checkbox"/>	Recommended for further LLN Assessment	Name		Signature	

SECTION 7 – ENROLMENT FORM

Personal Details (please use block letters)

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other- Please Specify:		
STUDENT NAME:	SURNAME:		
	FIRST NAME:	MIDDLE NAME:	
ADDRESS:	STREET ADDRESS:		
	TOWN/SUBURB:	STATE:	POSTCODE:
POSTAL ADDRESS:		STATE:	POSTCODE:
HOME PHONE:		MOBILE:	
COMPANY NAME:		EMAIL:	
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH:
COUNTRY OF BIRTH:		CITY OF BIRTH:	
EMERGENCY CONTACT:	NAME:		RELATIONSHIP
	ADDRESS:		
	PHONE: (Home):		(Mobile):
PREFERRED CONTACT METHOD:	<input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> In Person		

UNIQUE STUDENT IDENTIFER (USI)

If you already have a USI provide the number	USI Number:
If you have forgotten your USI and would you like BTS to obtain it on your behalf, tick the box	

IDENTIFICATION *(Please select and complete (1) method of ID Below)*

1) DRIVERS LICENCE
 Name on Licence: _____
 Number: _____
 State Of Issue: _____
 OR;
2) MEDICARE CARD
 10 Digit Number: _____
 Colour – Green Blue Yellow
 Name as it appears on card : _____
 Does the name appear on one line Yes No
 Individual Reference No _____
 Expiry Date(mm/yyyy) _____
 OR;
3) VISA (OVERSEAS STUDENT)
 Passport number: _____
 Country of issue: _____
 Expiry Date: _____

4) AUSTRALIAN PASSPORT
 Name on Passport: _____
 Number: _____
 Date of Issue: _____
 Expiry Date: _____
 OR;
5) BIRTH CERTIFICATE (AUSTRALIAN)
*(*Please note an extract is INSUFFICIENT)*
 Name on Certificate: _____
 Registration State: _____
 Registration Year: _____
 Registration No: _____
 Date Printed: _____
 Registration Date: _____
 Certificate No: _____

Course Details

COURSE NAME & CODE:	
FUNDING SOURCE:	GOVERNMENT FUNDED: <input type="checkbox"/> User Choice <input type="checkbox"/> Certificate III Guarantee NOT GOVERNMENT FUNDED: <input type="checkbox"/> Short Course <input type="checkbox"/> Fee for Service
If Government Funded - How will you pay your co-contribution or student contribution fees?	
<input type="checkbox"/> I will pay upfront (Co-contribution) <input type="checkbox"/> I will pay in instalments (Student Contribution) <input type="checkbox"/> My employer will pay the fees (letter / authority required) (Co-contribution & Student Contribution)	
STUDY MODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Apprenticeship/Traineeship
APPLYING FOR	<input type="checkbox"/> Recognition of Prior Learning (RPL) (RPL fees apply – see RPL Application form for more details)
Course Start Date	

Other Personal Details (Required by Government Authority)

Employment Status

- Full Time Employee Casual Employment Self employed
 Part Time Employee (includes School Based) Not employed Retrenched worker 25 years or over
 Registered job seeker – Name of Job Services Provider: _____ Job Seeker ID number: _____

Language and Diversity

Are you of Aboriginal or Torres Strait Islander Origin?

- Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander No

What language do you mainly speak at home? English only Other _____

How well do you speak English? Very well Well Not Well Not at all

Residency

Were you born in Australia Yes No – please specify country of birth _____

Residency status Australian Citizen Permanent Resident Permanent Humanitarian Visa

Other Visa In which year did you arrive in Australia _____

If you are **NOT** an Australian Citizen or Permanent Resident, please provide details of your VISA approval:

Study Reasons

- To get a job To develop my existing business To start my own business To try for different career
 To get a better job or promotion It was a requirement of my job I wanted extra skills for my job
 To get into another course of study For self-development Other reasons For personal interest

Special Needs

Do you consider yourself to have a disability, impairment or long term medical condition which may affect your studies?

- Yes No

If yes, please indicate the area/s of impairment:

- Hearing/Deaf Learning Intellectual Medical Condition Acquired Brain Impairment Mental Health Condition
 Vision Physical/Mobility Other (please specify): _____

If yes, would you like to receive advice on support services, equipment and facilities which may assist you? Yes No

Education Details

Secondary Education – What is your highest COMPLETED school level? (please tick ONE box only)

- I am still at School Name of School: _____ Year/Grade: _____
- Completed a Year 12 qualification or equivalent Completed a Year 11 qualification or equivalent
- Completed a Year 10 qualification or equivalent Completed a Year 9 qualification or equivalent
- Completed Year 8 or Lower Did not go to High School

In which **YEAR** did you complete that school level? _____

What was the suburb and post code where you were residing while attending Secondary School?

Suburb: _____ Post Code: _____

Post Secondary Education

What is your highest educational participation? (please tick one box only)

- A complete Higher Education Postgraduate course A complete Higher Education Bachelor course
- A complete Higher Education Sub-Degree course An incomplete Higher Education course
- A complete Final year of Secondary Education Other qualification, complete or incomplete
- No prior education attainment A complete VET award course (Certificate III)
- An incomplete VET award course

In which year did you complete that level? _____

How did you find out about this training program?

- Employer / Industry Referral Newspaper Advertisement Personal Recommendation
- Website or internet advertisement Employment Services / Job Network Provider
- Apprenticeship/Traineeship Support Service Other: _____

Student Declaration

I declare that,

- to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.
- I have read and understood the Privacy Notice.
- I have read and understand the enrolment terms and conditions I have read and understand the USI Registration requirements
- I have read & understand the Course registration & payments covering cancellations & refunds & aware that:
 - Ballistic Training Solutions collects course fees, from individual students, prior to training being provided.
 - Registrations are date transferable up until 7 working days prior to course commencement.
 - Cancellations received less than 2 working days prior to course commencement of enrolled course are non-refundable.
 - Cancellations/transfers received between 2 and 7 working days prior to course commencement attract a 20% cancellation/transfer fee.
 - Course Module changes made within 2 day of course commencement date will attract a \$50 administration processing charge where applicable.
- I consent to the Ballistic Training Solutions contacting me in relation to potential future training opportunities.
- I understand that any Learner Resources that are issued to me by Ballistic Training Solutions be lost or damaged, the cost of replacement is my responsibility.
- I am fully aware of the qualification I have applied for.
- I am fully aware and agree to Ballistic Training Solutions Policies and Procedures and am aware of the information regarding Complaints, Rights and Responsibilities available on www.ballistic.edu.au website.

Student's Signature: _____

Date: _____

Parent / Guardian Signature (if under 18): _____

Date: _____

Relationship to Participant _____



STUDENT ENROLMENT & UNIQUE STUDENT IDENTIFIER (USI) REGISTRATION FORM

What is a USI and why do you need one?

A USI is a reference number made up of numbers and letters that give you access to your USI account. A USI will allow your USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing you to see all of your training results (after 1 January 2015) from all providers including all completed training units and qualifications.

The USI will make it easier for you to find and collate your VET achievements into a single authenticated transcript. It will also ensure that your VET records are not lost.

Privacy Notice

If you do not already have a Unique Student Identifier (USI) and you want BTS to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, BTS will provide to the Registrar the following items of personal information about you:

<ul style="list-style-type: none"> • your name, including first or given name(s), middle name(s) and surname name as they appear in an identification document; 	<ul style="list-style-type: none"> • your date of birth, as it appears, if shown, in the chosen document of identity;
<ul style="list-style-type: none"> • your city or town of birth; 	<ul style="list-style-type: none"> • your country of birth;
<ul style="list-style-type: none"> • your gender; and 	<ul style="list-style-type: none"> • Your contact details.

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver license, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorised to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorised by the Registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask BTS to make an application for a student identifier on your behalf, BTS will have to declare that BTS has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that BTS has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

Under the Data Provision Requirements 2012, Ballistic Training Solutions Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Ballistic Training Solutions Pty Ltd for statistical, administrative, regulatory and research purposes. Ballistic Training Solutions may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.
- Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:
 - populating authenticated VET transcripts;
 - facilitating statistics and research relating to education, including surveys and data linkage;
 - pre-populating RTO student enrolment forms;
 - understanding how the VET market operates, for policy, workforce planning and consumer information; and
 - administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy at www.usi.gov.au/Pages/privacy-policy.aspx or by contacting the Registrar at usi@industry.gov.au or telephone 13 38 73. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by Us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

For information about how BTS collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to BTS privacy policy.

I request that BTS apply for a USI on my behalf and confirm that I understand the information regarding the sharing of my personal details above.

I am aware that further information is available at www.usi.gov.au including details on exemptions, requirements and USI information collection requirements.

Name of student

(Signature of acceptance by student)

Do you already have a USI? If you do, what is your USI: _____

SECTION 8 – PAYMENT DETAILS

Under Certificate 3 Guarantee Program Guidelines a Co-contribution payment is required as part of the participation in this program. The following table details the co-contribution payment amount applicable to your eligibility.

Certificate 3 Guarantee Co-contribution Fees (Student or Existing Worker Eligibility)	Concession	Non-concession
BSB30120 - Certificate III in Business	\$25	\$50
AHC31421 - Certificate III in Conservation & Ecosystem Management	\$25	\$50
AHC21020 - Certificate II in Conservation & Ecosystem Management	\$25	\$50
AHC10120- Certificate I in Conservation & Ecosystem Management	\$25	\$50

PAYMENT OPTIONS

<input type="checkbox"/> DIRECT DEPOSIT		<input type="checkbox"/> CREDIT CARD (A 3.3% Surcharge Applies)	
Bank: Westpac BSB: 034-229 ACC Number: 131178 ACC Name: Ballistic Training Solutions Reference: (Please use your first initial & Surname)		Cardholders Name: _____ Card Type (Visa/MasterCard) _____ Card Number: _____ Card Expiry: _____ Verification Number: _____	_____ _____ _____ _____

TOTAL COURSE FEE PAID - \$ _____

**PLEASE NOTE: CO-CONTRIBUTION PAYMENT MUST BE PROCESSED WITH THIS APPLICATION FORM.
 APPLICATIONS INCOMPLETE OR WITHOUT PAYMENT WILL NOT BE ASSESSED.**

BTS Office Use Only

<input type="checkbox"/>	Co-contribution payment received	<input type="checkbox"/>	Accounts Receipt Issued	<input type="checkbox"/>	Date Processed
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ENROLMENT SUBMISSION

Process
 After completing this application form in full you need to submit this application and all supporting documentation & evidence to Ballistic Training Solutions via scanned email at info@ballistic.edu.au or via post at PO Box 7502 Sippy Downs QLD 4556.

If your application is referred by a Job Active or ESP Provider please ensure that an appropriate service referral form is attached (Forms available at www.ballistic.edu.au)

BTS Office Use Only – Assessment Summary

<input type="checkbox"/>	Co-contribution payment received	<input type="checkbox"/>	Accounts Receipt Issued	<input type="checkbox"/>	Date Processed
<input type="checkbox"/>	Application Pending	<input type="checkbox"/>	Application Approved	Date	
<input type="checkbox"/>	Eligibility Confirmed	<input type="checkbox"/>	Pre-requisite Checks Complete	<input type="checkbox"/>	USI Verified
<input type="checkbox"/>	Trainer Assigned	Name			Induction Date