**

***CSQ SHORT COURSE GENERAL CONSTRUCTION FUNDING APPLICATION FORM***

***PARTICIPANT ELIGIBILITY 2018/19***

|  |  |
| --- | --- |
| **PARTICIPANT NAME:** |  |
| **EMPLOYER NAME & CONTACT:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please specify which short course you wish to claim funding for?**Supervise Asbestos Removal (CPCCBC4051A)** **Remove Non-Friable Asbestos (CPCCDE3014A)****Remove Friable Asbestos (CPCCDE3015A)** Have you previously been funded for any other short courses (for the period 01/10/2018 to 30/09/2019?) If yes please specify below: (this must not exceed (8) short courses within this period) *Course Name* *RTO (training provider)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I hereby declare that the following information provided by me below is TRUE and CORRECT:** |
| 1. I am an **existing** worker/current employee in the Building and Construction Industry (please refer to meaning of Building and Construction Industry as identified in clause 3AA of the (***Building and Construction Industry (Portable Long Services Leave) Act 1991****)* who has a **one month** or more employment relationship with my current employer on a full-time, part-time, casual basis or engaged as a contract worker;

**AND**An **eligible** worker (an **existing worker** who meets the definition of an **Eligible Worker** as perthe ***Building and Construction Industry (Portable Long Services Leave) Act 1991****)* **OR** An **Unemployed Eligible worker** (unemployed for a period of not greater than 6 months that would otherwise meet the requirements of an **Eligible Worker** as above**.** |  **Yes No****Yes No****Yes No** |
| 1. I am an Australian or New Zealand citizen;

**OR**A permanent resident of Australia; **OR**A holder of a refugee or humanitarian visa? | **Yes No** |
| 1. I do permanently reside in Queensland;

**OR** Permanently employed in Queensland? | **Yes No** |
| 1. I am **NOT** an employee of any Authority (federal, state, local government, state or public authority, authorised to carry out a statutory obligation)(**excluding employees of an Indigenous Council that is a Principal Contractor**)?
2. If you are an employee of an Indigenous Council please specify which council below:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **True OR False** |
| 1. I am **NOT** currently enrolled and participating in a school program (excluding eligible school-based apprentices and trainees)?
 | **True OR False** |
| 1. I am **NOT** a contracted trainer and assessor or an existing worker of an RTO?
 | **True OR False** |
| 1. I have **NOT** previously been funded by an Authority or such other source for delivery of the same training being undertaken as part of this program?
 | **True OR False**  |

The following documentation is required to be supplied to Keys HR along with the enrolment form and retained to demonstrate CSQ funding eligibility:

|  |
| --- |
| **A document from both columns A and B are to be supplied:** |
| **Column A – Please attach (1) of the following:** | **Column B – Please attach (1) of the following:** |
| **PROOF OF AUS/NZ CITIZENSHIP/PERM. RESIDENCY*** Birth Certificate/Extract (Aus/NZ)
* Passport (Aus/NZ)
* Medicare Card (**green copy only**)
* Visa (Humanitarian/refugee)
* **Photocopy attached? Yes**
 | **PROOF OF QUEENSLAND PERMANENT RESIDENCY*** Queensland Driver’s Licence (**Front & Back**)
* Telephone account
* Bank Statement
* Real estate agent statement
* Other formal documentation stating full name and current residential address.**Photocopy attached?**  **Yes**
 |
| **Evidence of Queensland Building and Construction employment status and occupation** |
| **Please indicate your employment status and supply one of the following:** |
| * I am currently employed in the building and construction industry and have been employed for greater than a one month period with my current employer either on a full-time, part-time, casual basis or engaged as a contract worker**. (You must attach a letter from your employer. The letter must be on company letterhead with ABN included. The body of the letter is to contain your job title, length of service, description of the duties undertaken by yourself within the company)**
* I am currently self-employed in the building and construction industry. **(You must attach a letter on company letterhead with ABN included, the letter must state the role you perform within the building and construction industry OR copies of invoices issued for recent work you have undertaken.**
* I am an Unemployed Eligible Worker in the building and construction industry (who has been unemployed for a period of no longer than 6 months). **You must attach a separation certificate, letter of termination or a statutory declaration.**
 |

***I also authorise Construction Skills Queensland (CSQ) to contact me for the purposes of including but not limited to: (a) a Review; (b) conducting Destination Surveys; and/or (c) receiving advice of CSQ products and services, whether current or future.***

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………...............………..… (Office use)…….....……………………………...……………………….. ……**

|  |  |
| --- | --- |
| **Keys HR Office use only**  | **Keys HR Office use only** |
| **Column A & Column B evidence provided** | **Yes No** | Attendance confirmed | **Yes No** |
| **Proof of employment confirmed and provided?** | **Yes No** | RTO Signoff: | \_\_\_/\_\_\_/\_\_\_\_\_ |
| **Applicant approved for Funding?** | **Yes No** |
| Approved Sign Off: | \_\_\_/\_\_\_/\_\_\_\_\_ |