

### PART 1 – Access Program Applicant’s Personal Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Date of Birth:</b>	<b>JSID:</b>	<b>CRN:</b>	<b>Stream 1 Limited without CRN</b> <input type="checkbox"/> <b>Yes</b>

### PART 2 – Eligibility Checklist

1. Are you registered as a job seeker?	Yes <input type="checkbox"/> ► Go to Question 3 No <input type="checkbox"/> ► Go to Question 2
2. Are you registered with Centrelink?	Yes <input type="checkbox"/> ► Go to Question 3 No <input type="checkbox"/> ► You are not eligible
3. Are you in another government program that could impact your ability to undertake the Access Program?	Yes <input type="checkbox"/> ► Name of program _____ No <input type="checkbox"/>
4. Are you an Australian citizen or the holder of a permanent Australian visa or the holder of a New Zealand passport and have been resident in Australia for at least six months?	Yes <input type="checkbox"/> ► Go to Question 5 No <input type="checkbox"/> ► You are not eligible
5. Please complete either (a) or (b)	
(a) <input type="checkbox"/> You meet one or more of the following eligibility criteria (please tick all that apply):	
<input type="checkbox"/> Registered as unemployed for three months or more at the commencement of the pre-vocational training course <input type="checkbox"/> Left school prior to the end of Year 12 <input type="checkbox"/> Person with disability <input type="checkbox"/> 'At risk' Year 12 school leaver <input type="checkbox"/> Aged 45 to 64 years at the commencement of the pre-vocational training course <input type="checkbox"/> A person who has worked for at least six (6) weeks as an employee of a business entity while it is/was registered as an Insulation Installer under the Home Insulation Program (irrespective of whether in receipt of income support).	<input type="checkbox"/> Self disclosed ex-offender <input type="checkbox"/> Homeless person <input type="checkbox"/> Indigenous Australian <input type="checkbox"/> Australian born descendent of a South Sea Islander <input type="checkbox"/> Undertaking or have undertaken the DEEWR-funded Language, Literacy and Numeracy Program (LLNP) <input type="checkbox"/> A person made redundant since 1 January 2009 (identified by Centrelink or Job Services Australia) and aged 25 to 64 years at the commencement of the pre-vocational training course <input type="checkbox"/> Sole parent or sole guardian receiving a Parenting Payment (single)
<b>OR</b>	
(b) <input type="checkbox"/> You meet one or more of the above eligibility criteria but do not give permission for disclosure to parties other than the assessing agency.	
If you do not meet any of the conditions specified in (a) you are not eligible.	

### Applicant’s declaration (to be signed for all eligibility checks)

I understand that the personal information collected on this form and/or for the purposes of my participation in the Access Program:

- is used for Access Program administration and audit and contract compliance purposes;
- may be disclosed to and used for these purposes by Access Program Brokers or Providers, the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) and its contractors, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Centrelink, and/or Job Services Australia; and
- may otherwise be disclosed without my consent where authorised or required by law.

I may also be asked to participate in a voluntary survey to assess the quality of services provided to me.  
I acknowledge that providing false or misleading information is a serious offence.

JSA Office Stamp  
(optional)

Signature of Access Program applicant \_\_\_\_\_ / /

### Part 3 – For Job Services Australia Office Use Only Referral Procedures – eligible applicants only

- |                                                                                 |                                                                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Obtain Program ID from AccessOnline website          | 5 <input type="checkbox"/> 'Ref' not made in ESS if client is Stream 1 Limited without a CRN ( <i>Box ticked at top of form</i> ) |
| 2 <input type="checkbox"/> Make an appointment with provider                    | 6 <input type="checkbox"/> Fax both pages of this form to provider ( <i>must be done within 24 hours</i> )                        |
| 3 <input type="checkbox"/> Complete both pages of this document (referral form) | 7 <input type="checkbox"/> Copy of both pages kept for file records                                                               |
| 4 <input type="checkbox"/> Record 'ref' in ESS to Centrelink                    | 8 <input type="checkbox"/> Original form given to applicant for provider appointment                                              |

Initials of JSA officer: \_\_\_\_\_ Logon ID: \_\_\_\_\_ Office location: \_\_\_\_\_ Date completed: / /

**Provider Details**

Name of Access Program Provider:			
Contact person: (please print)			
Address:	Street:		
	Suburb:	State:	Postcode:
Telephone:	( )	Facsimile	( )

The following applicant has been referred for entry into the Australian Apprenticeships Access Program:

**Participant Details**

<b>Name</b>			
<b>Address</b>	Street:		
	Suburb:	State:	Postcode:
<b>Gender</b>	M   F <i>(Please circle)</i>		
<b>Date of Birth</b>			
<b>Telephone No</b>	( )	Mob:	

The applicant identified has been assessed as eligible to participate in the Access Program and is currently seeking entry into the following pre-vocational training course:

**Pre-vocational Training Course Details**

Name of pre-vocational training course:	Program/Class ID:	Start Date:
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An appointment time has been arranged with your office as per below:

Day:	
Date:	
Time:	

**JSA Contact Details**

If you have any questions concerning this referral, please contact the following person:

JSA Office:			
Contact person: (please print)			
Telephone:	( )	Facsimile	( )

Signature \_\_\_\_\_ / /