|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Details (must be completed in full before submitting)** | | | | | | | | |
| **Given Name** | |  | **Surname** | |  | | | |
| **Date of Birth:** | |  | **Mobile:** | |  | | | |
| **Gender** | | Male  Female  Transgender  Non-binary  I’d prefer not to say | | | | | | |
| **Address** | |  | | | **Postcode** | |  | |
| **Suburb** | |  | | | | | | |
| **Email (Work)** | |  | | | | | | |
| **Email (Personal)** | |  | | | | | | |
| **USI Number** | |  | | | | | | |
| **If you think you have a USI, and would like the MHC RTO to locate it, tick here** | | | | | | | | |
| **Course of study** | | Certificate III in Community Services (CHC32015) | Certificate IV in Alcohol and Other Drugs (CHC43215) | | | | | |
| **Please tell us why you would like to enrol in this program** No previous study is required to enter the program. | | | | | | | |
| **Select one of the following options** | To get a job  To develop my existing business  To start my own business  To try for a different career  To get a better job or promotion | | I wanted extra skills for my job  To get into another course of study  For personal interest or self -development  To get skills for community/voluntary work | | | | |
| **Organisation Name** |  | | | | | | | |
| **Org Department** |  | | | | | | | |
| **Suburb** |  | | | **Postcode** | | |  | |
| **Organisation Phone** |  | | | | | | | |
| **Your Job Title:** |  | | | | | | | |
| **Manager/Supervisor** |  | | | | | | | |
| **Requirements for enrolment - Learner** | | | | | | | | |
| **Please select the boxes that apply** | I am of **Aboriginal and/or Torres Strait Islander descent** and am older than 16 years of age        I agree to apply for and must be approved for ABSTUDY Away from base entitlements | | I am currently living in Western Australia        I agree to adhere to Mental Health Commission’s Training Policies and Procedures and Student Code of Practice | | | | | |
| **Learner Signature** |  | | **Date** | | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requirements for enrolment – Employer** | | | | | | **Please tick Yes or No** | | | |
| * Release the participant to attend all 4 training blocks | | | | | | Yes | | | No |
| * Allocate time within role to complete on-the-job tasks | | | | | | Yes | | | No |
| * Mentor to support learning in the workplace | | | | | | Yes | | | No |
| * Allow access to computer to complete assessments | | | | | | Yes | | | No |
| * Allow participant to conduct community service duties | | | | | | Yes | | | No |
| **Please note -** ABSTUDY supports participants with travel, meals and accommodation. If you are not **ABSTUDY approved**, any costs associated with travel and accommodation will need to be covered by you or your agency | | | | | | | | | |
| **Support Needs** | | | | | | | | | |
| Do you consider yourself to have a disability, impairment or long-term condition?  Please note, answers in this question are required to ensure that we are able to support you as required both in training and with the accommodation provider. Answering this question truthfully will not preclude you from being accepted in the training. | | | | | | | | | |
| Yes, please specify: | | | No | | | | | | |
| Hearing/deaf | | | Mental illness | | | | | | |
| Physical | | | Acquired brain impairment | | | | | | |
| Intellectual | | | Vision | | | | | | |
| Learning | | | Medical condition | | | | | | |
| Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| If you answered yes to the above question, a Strong Spirit Strong Mind Aboriginal Programs staff member will be in contact to discuss any additional supports required.  I hereby declare that all of the information provided in this form is true and correct. | | | | | | | | | |
| **Learner Signature** |  | | | **Date** | | |  | | |
| **What tasks does the worker complete in their day to day role?** | | | | | | | | | |
|  | | | | | | | | | |
| **Manager/Supervisor name** | |  | | | | | | | |
| **Signature** | |  | | | **Date** | | |  | |