

# Eligibility Assessment

Please fax back to **02 8088 4399**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you currently employed?  Yes  No

Employer/Supervisor Name: \_\_\_\_\_

Employer Contact number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Email address: \_\_\_\_\_

ABN: \_\_\_\_\_

No: of Staff \_\_\_\_\_

If yes, please provide job type:  Full Time  Part Time  Casual

Number of hours worked per week: \_\_\_\_\_

Commencement Date of Employment: \_\_\_\_\_

Job Role Title: \_\_\_\_\_

Course applying for: **Certificate IV Frontline Management**

Highest completed school level: Yr \_\_\_\_\_ Year completed that level: \_\_\_\_\_

Have you been registered with Centrelink for 12 months or more?  Yes  No

Are you either:  Australian Citizen  Permanent Resident  New Zealand passport holder  Temporary Visa holder

Have you previously **completed** any formal qualifications (including traineeships)?  Yes  No

Course Applying For: Certificate IV Frontline Management / Diploma in Management (please circle)

If yes, what is the name and level of the completed Qualification? \_\_\_\_\_

Year Commenced - \_\_\_\_\_

Year Completed - \_\_\_\_\_

Have you ever commenced a Traineeship or an Apprenticeship before?  Yes  No

If yes, what was the name and level of the qualification? \_\_\_\_\_

In which State of Australia was it undertaken? \_\_\_\_\_

Are you currently undertaking any other study?  Yes  No

If yes, what is the name of the qualification you are studying? \_\_\_\_\_

Are you an Owner, Partner or Director of the business?  Yes  No

**Thank you for your participation, please return this questionnaire as soon as possible.**  
*Australian Apprenticeship Incentive Program Guidelines are subject to change at any time without notice.*