



GreenPainters Ltd &  
Impact Training Institute Pty Ltd  
Green Skills SSP Enrolment Form



*Educate      Inspire      Motivate*

**A. STUDENT DETAILS**

Ms  Mr  Mrs  Miss

Gender  Male  Female

First Name

Middle Name

Surname Name




Home Number

Work Number

Mobile Number

 ( )

 ( )

E-mail Address

Date of Birth

Country of Birth

 / /

Residential Address:

Number and street name

Suburb/Town

State

Postcode

Country






Postal Address:  As Above

Number and street name

Suburb/Town

State

Postcode

Country






Emergency Contact Name

Emergency Contact Number



**Office Use Only**

IMPORTANT NOTE: Full name on the enrolment form MUST match the sighted identification. Select the original identification sighted and enter its identification number.

Birth Certificate number: \_\_\_\_\_

Driver License number: \_\_\_\_\_

Passport number: \_\_\_\_\_

RTA Photo Card or Proof of Age Card number: \_\_\_\_\_

ITI REPRESENTATIVE:  I have sighted the original identification indicated above which matches the full name:

SIGNATURE: \_\_\_\_\_

Do you speak a language other than English at home?

NO - English Only

YES - Please specify

How well do you speak English?

Very Well

Well

Not Well

Not at all

Do you require assistance with English?

NO

YES

Are you of Aboriginal or Torres Strait Islander origin?

NO

Aboriginal

Torres Strait Islander

Do you have a disability, impairment or long term condition? (Does not affect your eligibility for the program)

NO

YES - Please select:

Vision

Intellectual

Learning

Mental Illness

Hearing/Deaf

Physical

Medical Condition

Other - Please specify

Is assistance required for this disability, impairment or long term condition from an ITI Trainer/Consultant for Student with Disabilities?

NO

YES -

Refer to the Student Handbook page 10 for further information regarding support for Learners with Disabilities.

B. RESIDENCY		A Participant must be one of the following.	
Residency <input type="checkbox"/> I am an Australian or New Zealand Citizen or <input type="checkbox"/> Permanent Resident & I have provided evidence of this	<input type="checkbox"/> Australian / New Zealand Birth Certificate Number: _____	<input type="checkbox"/> Australian / New Zealand Passport Number: _____	<input type="checkbox"/> Australian / New Zealand Citizenship Number: _____
	<input type="checkbox"/> Green Medicare Card Number: _____	IMPORTANT NOTE: Blue Medicare Card indicates Participant is not eligible.	
	<input type="checkbox"/> Visa - verify sub-class must be of permanent residency Visa sub-class number: _____		

OFFICE USE ONLY			
ITI REPRESENTATIVE: (select one)	<input type="checkbox"/> I have sighted and attached a copy of the original document indicated	Signature: _____	
	<input type="checkbox"/> I have attached a copy of the original document indicated which has been certified by a JP (Justice of Peace)		

C. EDUCATION & TRAINING	
Are you currently attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES    If Yes, participant is not eligible for this program.	
Select your highest completed school level or equivalent: <input type="checkbox"/> None <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below	
In which year did you complete the above school level? <input style="width: 100px;" type="text"/>	
Select your highest successfully completed qualification: <input type="checkbox"/> None <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma / Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Statement of Attainment	
Where was the qualification obtained? <input style="width: 400px;" type="text"/>	
In which year did you complete the above qualification? <input style="width: 70px;" type="text"/>	

D. APPLICANT CIRCUMSTANCES
I am an Existing Worker who is: <input type="radio"/> Painter <input type="radio"/> Builder <input type="radio"/> Retailer
E. REFERRAL PATHWAYS
I am an Existing worker who is <input type="radio"/> SE – I am an existing worker and I am enrolling directly with the RTO (Self referred) <input type="radio"/> E - who is employer referred. If Yes, then Employer to complete and sign declaration <a href="#">Section L on page 6.</a>

## F. EMPLOYMENT DETAILS

Business/ Employer details

Business Name

Existing Client  New Client

Phone Number

( )

Business Trading Name

Fax Number

( )

Business Address:

Number and street name

Suburb/Town

State

Postcode

Postal Address:  As Above

Number and street name

Suburb/Town

State

Postcode

Manager/Supervisor Name

Contact Number

E-mail Address

( )

## H. COURSE DETAILS

Prerequisites satisfied:  as specified in course outline

National Course Code: BSB30107

National Unit of Competency: BSBSUS301A: Implement and monitor environmentally sustainable work practices

Delivery mode: Institution Based Delivery

Commencement  
Date

Completion  
Date

/ /

/ /

Training Timetable:

Class code:

Day(s): Mon Tue Wed Thurs Fri Sat

Time:

## I. PAYMENT SCHEDULE

ADMIN FEE

COURSE FEE

Amount Payable: \$\_\_100\_\_\_\_\_

Amount Payable: \$\_\_Government Funded

## J. TERMS, FEES & CONDITIONS

### CERTIFICATES

Certificates are issued by Impact Training Institute, a nationally Registered Training Organisation (RTO). Certificates for full completion or a Statement of Attainment for partial completion of a qualification will be issued, provided that the Student has successfully completed all assessments and all course fees applicable have been paid in full. One original Certificate or Statement of Attainment will be posted to the student address and a copy to the employer's postal address. To re-issue Certificates or Statement of Attainment, a \$20.00 administration fee must be paid to Impact Training Institute.

### NSW SSP COURSE AND ADMINISTRATION FEES

#### GREEN SKILLS – SSP PROGRAM

In relation to *existing workers* participating in the program, a compulsory private contribution of a minimum of \$100 towards the total cost of the *training* delivered to each *participant* is required to be made. The compulsory private contribution can be made by *participants* or employers and is a minimum financial contribution.

The NSW Department of Education & Training will fund course costs on behalf of approved and eligible candidates.

### CANCELLATION FEES

Where an employee leaves cancels their training after the commencement date of their training, a \$200 dollar cancellation fee applies in order to cover administration costs, sign up preparation, learning resources, and other expenditure expended to commence the program, including loss of income, as course fees are being paid on behalf of the employer by state and federal governments.

### WITHDRAWAL FROM COURSE

Prior to course commencement: If you wish to withdraw before 14 days of course commencement you must advise Impact Training Institute and GreenPainters Ltd in writing including the reason for the withdrawal. The Admin Fee paid will be refunded less a cancellation of \$90.00 which will be payable.

### STUDENT HANDBOOK & EMPLOYER HANDBOOK & SERVICE AGREEMENT

The Student and/or Employer have read, understand and accept the conditions, obligations, policies and procedures as set out in the Student and Employer Handbook and Service Agreement.

## K. LANGUAGE, LITERACY, NUMERACY and CAPACITY TO BENEFIT ASSESSMENT

You are required to undertake a Language, Literacy, Numeracy and Capacity to Benefit Assessment (Attachment A). Participant to complete page 1 and Assessor to complete page 2. Your Assessor will discuss with you how this assessment will be undertaken.

## L. STUDENT DECLARATION

Student Consent: I am fully aware of and understand the conditions to enrol into NSW Strategic Skills Program and I hereby declare that:

- I am not enrolled in Secondary or Tertiary Education
- I am an Australian Citizen or Australian Permanent Resident and/or New Zealand Citizen:
- I am a NSW Resident and/or Work in NSW
- I have received a student handbook and I have been fully informed of ITI & GreenPainters policy and procedures
- I have been fully informed about the units of competency to be undertaken
- I consent to ITI to verify or supply information about me to State & Federal Government Agencies, Australian Apprenticeship Centres and/or Agencies authorised by these bodies.
- I consent to information being supplied to the National Centre for Vocational Studies (NCVER) and/or agencies authorised to undertake surveys.
- If I am a Student, I also consent to ITI verifying information about me from or supplying it to my employer.
- The information I have given is correct.
- I understand that evidence I provide with my application will need to be verified.
- I consent to ITI & GreenPainters obtaining personal information necessary to complete or verify my application.
- I understand that ITI & GreenPainters will not accept responsibility for incorrectly completed forms.
- I understand that this application does not guarantee a place in a course.
- I agree with the terms and fees and conditions as set out in this enrolment form.
- I confirm the accuracy of the information which has been supplied.

Privacy Notice: Information concerning students, including information submitted on this enrolment form is collected and held by ITI. ITI also collects information other than what is supplied on this enrolment form, including but not limited to: student course participation, student study progress and outcomes. Information on this form and the information that is continually collected during the student's enrolment is used for the purposes of:

- Assessing eligibility,
- All aspects of enrolment, administration and delivery of the qualification.
- Advising your employment service provider (if appropriate) of your participation and attendance in training.

Impact Training Institute may also collect and disclose your personal information to the Australian government's Department of Employment, Education and Workplace Relations (DEEWR), NSW Department of Education (DET), Job Services Australia Provider (JSA) and other state and federal government agencies including but not limited to Centrelink, for the purposes of: Training performance & progression reporting, eligibility, research, statistical analysis, program evaluation, post-completion surveys and for internal administration & management purposes.

The provision of this information is not mandatory under legislation; however it is a requirement of ITI that this information be supplied in order for ITI to assess your eligibility to enrol you into the selected program. If you are participating in a program that is being funded by State or Federal government, the information requested in this enrolment form is required to ensure that ITI meets its requirements as a Registered Training Organisation and in the case of PPP under the NSW Productivity Places Program guidelines.

Impact Training Institute and DET may disclose your personal information to another person, body agency without your consent where authorised by law.

NAME	SIGNATURE	DATE	/	/	
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**M. THIRD PARTY DECLARATION (Employer OR ESP Supporting Participant Payments)**

Applicable    Not Applicable

- I agree with and understand the terms fees and conditions as set out in this enrolment form and confirm the accuracy of the information which has been supplied.
- I can confirm that I am an authorised representative of this business and am able to sign this agreement on behalf of the Director/Employer, in relation to Training and assessment strategies, terms, fees and conditions.
- I have read and accept the terms, obligations and conditions as set out in the Employer Handbook/Service Agreement.
- I will support ITI in facilitating the NSW Productivity Places Program and will make the students available for training and assessment.
- I understand my obligations as per the NSW Productivity Places Program Guidelines

NAME	SIGNATURE	DATE	/	/
POSITION				

**N. IMPACT TRAINING INSTITUTE DECLARATIONS - Please acknowledge by ticking boxes and signing below**

- I have gathered all the required evidence and copies are attached to the student file.
- I have undertaken a LLN assessment of the applicant and they have the ability to undertake the qualification.
- I am satisfied that the applicant meets the enrolment requirements for the qualification.

ITI REPRESENTATIVE	NAME	SIGNATURE	DATE	/	/
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**O. PAYMENT OPTIONS**

PAYMENT AMOUNT: \$ 100  
Payment Method: Please select option below

**Option A**   by direct funds transfer

Bank Name: ANZ

Account Name: GreenPainters Ltd

Bank Reference No "Your Name"

BSB: 012 554

ACC: 479616201

**Option B**   by cash

Cash Receipt Number: \_\_\_\_\_

STUDENT SIGNATURE	DATE	/	/
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**OFFICE USE ONLY - SECTION TO BE COMPLETED BY ITI & GreenPainters Ltd REPRESENTATIVE CONDUCTING ENROLMENT**

Initials

- How was participant referred to the program?  
 Newspaper \_\_\_\_\_    Advertisement \_\_\_\_\_    Friend    Website
- Enrolment Form completed (all sections completed in full)    LLN completed in full (sections 1 to 4)
- Evidence sighted for verification of name    Evidence attached for residency    Evidence attached for Concession Fee