

AgSkilled APPLICATION FORM

SpraySMART would like to be acknowledging the Traditional Owners of the land on which our training will take place. We would also like to pay our respects to Elders past and present.

IMPORTANT NOTICE

The AQF3 Chemical Accreditation Training is approved for funding by the NSW Government AgSkilled 3.0 Program. We are required to collect and provide the information on this form to the funding body. It is important that you complete ALL sections of this form and be accurate with the information you provide or the funding for this course may not be approved.

An application for funding is subject to approval from the funding provider.

Completed forms MUST be received 4 weeks prior to the course you want to attend to allow for processing

Preferred Course Location	Date of Training
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YOUR NAME, DATE OF BIRTH AND MAILING ADDRESS MUST BE SUPPLIED EXACTLY AS IT APPEARS ON YOUR DRIVERS LICENSE/I.D. CARD

Surname		First Name (Don't abbreviate)						
Middle Name	Gender	Date of Birth e.g., 03 01 60						
Home Address								
Town		State		Post Code				
Email (Personal)								
Email (Business)								
Mobile No.						Home No.		
Town of Birth				Country of Birth				
USI (Unique Student Identifier)								

YOU MUST SUPPLY ONE FORM OF I.D

Form of ID For USI verification	Driver's Licence	Licence Number		Citizenship Cert No				
		Card Number		Travel Visa	Number			
		State			Country of Issue			
	Medicare Card	Medicare Card No.		Card Colour				
		Individuals Card No.		Reg State				
		Expiry Date						

Are you still at School	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is your highest school level completed?				✓
Completed Year 12	<input type="checkbox"/>	Completed Year 10	<input type="checkbox"/>	<input type="checkbox"/>
Completed Year 9 or lower	<input type="checkbox"/>	Year in which you did complete school	<input type="text"/>	<input type="checkbox"/>

Have you successfully completed any of the following qualifications since turning 17 ? If YES, please indicate below.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bachelor's degree or higher degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma or Advanced Degree	<input type="checkbox"/>	Certificate III (Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>	Certificate IV (advanced certificate or technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>	Certificate other than above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability - Do you have a disability. If YES, please indicate below.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a dependent of a person in receipt of a disability support pension?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you the recipient of disability support pension?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been assessed by a specialist support professional as a student with disability?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing/Deaf	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Other: Enter type below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide further details of disability -							

Language and Cultural Diversity - Do you speak a language other than English at home?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please specify -							
How well do you speak English?				Very Well	<input type="checkbox"/>	Well	<input type="checkbox"/>
				Not Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you identify as Aboriginal or Torres Strait Islander origin?	No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islands	<input type="checkbox"/>
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What is your current role or what Industry Sector are you interested in?			✓
On-farm Owner		Consultant / Agronomist	
On-farm Employee		Researcher / Research Technician	
On-farm Contractor		Jobseeker	

Employment – Which of the following categories best describes your current employment status?			✓
Full-time employment		Part-time employment	
Employer		Unemployed – seeking full-time work	
Self-employed – not employing others		Unemployed – seeking part time	
Unpaid worker in a family business		Not employed – not seeking employment	

The below section must be completed by all applicants, this includes self employed	
If employed, what is your job title	
Number of years working for current organization	
Employer Company/Business Name	
Employer Contact Name	
Employer Phone Number	
Employer Email Address	

Are you a member of NSW Farmers Association? If yes, please provide current membership number.	Insert Membership number below	Yes		No	

Which Reason for study best describes your intended Occupation Outcome after completing this course?	✓
To increase my chances of getting a job.	
To develop my existing business.	
To start my own business.	
To get a better job or promotion.	
To try for a different career/change of career.	
It is a requirement of my job.	
To gain extra skills for my current job.	

Which Industry Sector do you work in or are wanting to work in?	✓	Briefly describe the Sub-Sector of your chosen Industry Sector you would most like to work in?
Fibre i.e., Cotton	<input type="checkbox"/>	
Grains i.e., Wheat, Canola, Mixed grains.	<input type="checkbox"/>	
Horticulture i.e., Viticulture, Citrus, Blueberries.	<input type="checkbox"/>	
Livestock i.e., Sheep, Cattle, Dairy, Goats.	<input type="checkbox"/>	

Once you have completed this training what would you expect to change in your current or future employment practices?			✓
Improved efficiency on farm	<input type="checkbox"/>	Improved leadership capacity	<input type="checkbox"/>
Improved productivity on farm	<input type="checkbox"/>	Improved communication/people skills	<input type="checkbox"/>
Better use of resources	<input type="checkbox"/>	Improved business skills	<input type="checkbox"/>
Improved on farm safety	<input type="checkbox"/>	Secure a promotion or new job	<input type="checkbox"/>
Able to complete more tasks on the farm	<input type="checkbox"/>		<input type="checkbox"/>

Please provide a brief explanation of how this training will improve/benefit your current or future work practices. If you work in a mixed farming operation, please indicate the more prominent sector.

Funding Information	Yes	No
Are you living in NSW social housing; or are you or your household on the NSW Housing Register?	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received funding for chemical accreditation (Units of Competency) training in the past?	<input type="checkbox"/>	<input type="checkbox"/>

Are you being enrolled under a Waiver? Please select from the list below.		Yes	No
Select the Type of Waiver?	Home Schooled Student	<input type="checkbox"/>	<input type="checkbox"/>
	Other: Please specify below	<input type="checkbox"/>	<input type="checkbox"/>

Are you being enrolled under Strategy/Initiative? If YES, please select from the list below.			Yes		No	
Select the Type of Strategy?	SFR Initiative – Veteran					
	SFR Initiative – Veteran’s Recognised Partner					
	Other, please specify below					

What is your Residency Status? Please select from the list below:						✓
What is your residency status?	Australian Citizen					
	Australian permanent resident					
	Humanitarian visa					
	New Zealand citizens					
	None of the above					

Are you in receipt of welfare payments? If YES, please provide CRN number Please select Welfare Payment type below:		Insert CRN number below		Yes		No	
JobSeeker Payment				Yes		No	
If YES, how long you have been in receipt of JobSeeker payment?							
Youth Allowance		Special Benefit					
Sickness Allowance		Exception Circumstances Relief Payment					
Age Pension		Veterans’ Affairs Pensions					
Austudy		Widow Allowance					
Carer Payment		Widow B Pension					
Parenting Payment (Single)		Widow B Pension					
Family Tax Benefit Part A – Maximum Rate		Farm Household Allowance					

Are you an Employment Service Provider client? If YES, please answer below.				Yes		No	
Provider Client I.D. - Centrelink CRN							
Name of Employment Service Provider Organisation?							

How did you find out about AgSkilled Funding?	✓
NSW Farmers	
Word of Mouth	
Social Media	
Direct contact from SpraySMART	
Flyer in mailbox	
Other – please explain below:	

Do you have any dietary requirements? If yes please explain below:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

CONSENT FORM: I have read the "Consent Form" provided and in lieu of signing and returning that form by ticking this box I consent to the collection, use and disclosure of my Personal Information in the manner outlined in that form.

RPL & CT: I have been informed of my options for Recognition of Prior Learning (RPL) and Credit Transfer and accept that I am enrolling in a Face to Face course.

LEARNER'S SIGNATURE			
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By signing this form, I am agreeing that I am physically capable of completing this training. I am also certifying that all answers provided will be my own and will not have been provided by or taken from another source.

Trainee Privacy: Information on this form may be used by SpraySMART Pty Ltd for trainee administration reasons, program monitoring and evaluation. The information may be provided to an authorised agency for legislative reporting requirements. It is necessary for you to provide this information for enrollment. Information provided will be held securely when no longer needed and will never be passed on to a third party for marketing purposes.
I also give my permission for photos/videos taken during the training to be used for marketing or continuous improvement purposes.