

# EXPRESSION OF INTEREST / ELIGIBILITY FORM

in undertaking Government Funded training at Oceania College of Technology

Please complete this form and submit to [info@oct.edu.au](mailto:info@oct.edu.au)



**PLEASE READ:** The information collected on this form and any attached documents will be used to assist us to do a preliminary assessment of the named applicant to determine potential eligibility to attract Queensland Government Incentives. This information is being provided to OCT, and may be shared with State Government Authorities for eligibility assessment purposes.

## Section 1: APPLICANT to Complete – Personal Details

First Name/second:			Surname:		
Address:					
Suburb:		Post Code:		Email:	
Phone:				Unique Student Identifier (USI)	

## Section 2: APPLICANT to complete - Age

D.O.B:			If under 18, name of Parent/Guardian:		
If attending school, name of school:			Parent/Guardian Phone:		

## Section 3: APPLICANT to complete - Nationality

Citizenship:	<input type="checkbox"/> Australian Citizen/Permanent Resident residing in Queensland <input type="checkbox"/> New Zealand Citizen residing in Queensland <input type="checkbox"/> I'm not an Australian citizen/permanent resident or New Zealand Citizen residing in Queensland				
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## Section 4: APPLICANT to complete - Concession

Concession:	<input type="checkbox"/> Health Care Card <input type="checkbox"/> Pensioners Card <input type="checkbox"/> I do not hold a Concession Card			Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
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## Section 5: APPLICANT to Complete - Previous/Current Training

Have you ever completed or are currently undertaking any Certificate 3 or higher level qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes					Month/Year Commenced:	
Highest School Level Completed:	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	Month/Year Completed:	
What qualifications have you completed previously?						Month/Year Completed:	
Qualification you wish to undertake:						Proposed Start Date:	

## STUDENT DECLARATION

**Declaration:** I declare that, to the best of my knowledge, the above information relating to me is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Section 6 (Complete if Employment-based training): EMPLOYER to Complete – Business Details

Legal Name:			ABN:			
Trading Name:			Contact Person:			
Phone:		Fax:		Mobile:		
Workplace Address:			Email:			
		Post Code		Employment Arrangement:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Employment Start Date:		Hours Per Week		Current Job Title:		

## EMPLOYER DECLARATION

**Declaration:** I declare that, to the best of my knowledge, the above information relating to me is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Section 7: JOB SERVICES AUSTRALIA PROVIDER DETAILS** (complete if student referred by a JSA)

<b>Job Services Australia (JSA):</b>	
<b>JSA Branch (Suburb):</b>	
<b>JSA Phone Number:</b>	
<b>JSA Consultant:</b>	
<b>Consultant Email:</b>	
<b>Job Seeker (Student) Identifier Number:</b>	

**JOB SERVICES AUSTRALIA DECLARATION**

(complete if student referred by a JSA)

By signing this section, you declare the following:

- I declare that all information provided by me is true and correct.
- I am aware that a mandatory Student Contribution Fee per participant will apply and this fee must be paid by either the jobseeker's Job Services Australia provider or by the jobseeker.

<b>Job Services Australia Representative:</b>	Name:		Date:	
	Signature:			

**Section 8: HOW DID YOU HEAR ABOUT THE PROGRAM?**

Email Marketing     Presentation by College     Promotional Flyer     Other (please specify): \_\_\_\_\_

**PAYMENT AUTHORISATION**

(to be completed by person agreeing to pay Student Contribution Fee)

By signing this section, you declare the following:

- I declare that election to pay the Student Contribution Fee and signed authorisation below constitutes a commitment to payment within 30 days of receipt of invoice from Oct

**The mandatory Student Contribution Fee will be paid by (tick one):**

- Student/Jobseeker  
 Job Services Australia Provider  
 Employer

<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>	
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**Thank you for your participation. Please return this form as soon as possible to [info@oct.edu.au](mailto:info@oct.edu.au)**

*Assessment of your Australian Government Incentive eligibility is based on details provided above. All information provided is 'as is' without express or implied warranty. Many factors affect eligibility for Australian Government Incentives and final verification of incentive eligibility cannot be confirmed until the Training Contract is registered and your correctly form is received. Incentives eligibility criteria are subject to change without notice.*