

# ELIGIBILITY FORM – HIGHER LEVEL SKILLS GENERAL CONSTRUCTION 19/20

Funding is not available for RPL or for any Units of Competency or Qualifications previously attained.  
A participant is only eligible for a maximum of one (1) qualification throughout the contract term. Please complete and email with supporting documentation to [admin@coaltrain.com.au](mailto:admin@coaltrain.com.au) or fax to 07 4938 3177.

CONTACT DETAILS	
First Name:	Surname:
Email:	Contact Number:
Course:	Course Date:

ELIGIBILITY CHECKLIST – PLEASE TICK YES OR NO	YES	NO
Are you currently employed in the Building and Construction Industry in QUEENSLAND?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed for one month or more?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active apprentice/trainee <i>or</i> cancelled apprentice/trainee <i>or</i> existing worker who has completed an apprenticeship/traineeship <i>or</i> an unemployed apprentice/trainee? If yes, please refer to the Apprentice Advance Plus Higher Level Skills program. <i>If you selected No, please complete the following questions and previous employment details on page 2:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have been employed in the Building and Construction Industry in Qld?	<input type="checkbox"/>	<input type="checkbox"/>
Have been unemployed for no greater than four (4) years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an Australian or New Zealand citizen, a permanent resident of Australia or hold a refugee or humanitarian visa?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently enrolled and participating in a Queensland Secondary school program? If yes please list below:	<input type="checkbox"/>	<input type="checkbox"/>
Are you an employee or a Contractor to a Registered Training Organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an employee of an Authority (excluding Indigenous council employees that is a Principal Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Have you received funding for this program previously? If yes, please provide details including dates:	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT DETAILS	
Name of Company:	Occupation:
Company Contact:	Phone Number:
Address:	
Email address:	
Period of Employment:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual

### REQUIRED DOCUMENTATION – MUST BE ATTACHED TO PROCESS APPLICATION

Copy of either your Australian Birth Certificate, Passport or Medicare Card	<input type="checkbox"/>
Copy of Current Qld Drivers Licence or Bank Statement/Utility Bill (must show current residential address)	<input type="checkbox"/>
Letter from employer confirming position and employment where currently employed for more than four (4) weeks.	<input type="checkbox"/>
If self-employed, a copy of an invoice or invoices detailing work undertaken for a client or current QLeave membership statement	<input type="checkbox"/>

### PREVIOUS EMPLOYMENT DETAILS (IF CURRENTLY UNEMPLOYED)

Name of Company:	Occupation:
Company Contact:	Phone Number:
Address:	
Email address:	
Period of Employment:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual

### REQUIRED DOCUMENTATION – MUST BE SUBMITTED WITH APPLICATION

Copy of either your Australian Birth Certificate, Passport or Medicare Card	<input type="checkbox"/>
Copy of Current Qld Drivers Licence or Bank Statement/Utility Bill (must show current residential address)	<input type="checkbox"/>
Letter from employer confirming position and employment for more than 4 weeks.	<input type="checkbox"/>
Statutory Declaration or Termination Letter or Copy of last month payslips	<input type="checkbox"/>

I hereby give my consent to Coal Train Australia Pty Ltd to provide records and information to Construction Skills Queensland at their request. I understand that Construction Skills Queensland can contact me for the purposes of including but not limited to a review and / or conducting surveys. I declare that all information provided is true and accurate.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICIAL USE:</b>	Evidence Supplied: <input type="checkbox"/> Y <input type="checkbox"/> N	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	Approving Officer:	Date:
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Funded amounts provided under Construction Skills Queensland are:

QUALIFICATION CODE	QUALIFICATION TITLE	AMOUNT FUNDED
BSB41415	Certificate IV in Work Health and Safety	\$2,700.00
BSB41515	Certificate IV in Project Management Practice	\$2,025.00