



## 2019 APPLICATION FORM

Position Title:	Scholarship: 'Junior Job-Ready Technicians'	Due Date of submission:	<b>22<sup>nd</sup> October, 2018</b>
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Title: ( Please circle)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	Gender:	
Given Name:				Middle Name:			
Surname:				Date of Birth:			

Home Number:		Mobile:	
Email Address:			

Residential Address	Town & Suburb:		Country (Citizenship):		
Home Province:			District:		
PDL: (For project impacted area only)			Village:		
Postal Address:					
Alternate Contact Person Name:		Relationship:		Contact Number:	

1	Of the following categories, which BEST describes your current employment status?  (Tick ONE box only.)	<input type="checkbox"/> Full time employee		
		<input type="checkbox"/> Part time employee		
		<input type="checkbox"/> Self-employed (not employing others)		
		<input type="checkbox"/> Employer		
		<input type="checkbox"/> Employed – seeking further upskilling		
		<input type="checkbox"/> Employed- seeking to change career path		
		<input type="checkbox"/> Unemployed- seeking further upskilling		
2	How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Average
3	Do you require assistance with English during your training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	What is your highest COMPLETED school level? (Tick ONE box only.)	<input type="checkbox"/> University or equivalent		
		<input type="checkbox"/> Technical / Vocational		
		<input type="checkbox"/> Grade 12 or equivalent		
		<input type="checkbox"/> Grade :10 or equivalent		
		<input type="checkbox"/> Other training (Please specify)		
5	In which YEAR did you complete that school level? (E.g. 1998)			

6	Answer ONLY if you graduated / completed school (Higher School Certificate) recently	Name of School: Address of School: Postcode: Province
7	Do you consider yourself to have a disability, impairment or long term condition that may affect your training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	If YES, then please indicate the areas of disability, impairment or long-term condition:  (You may indicate more than one area.)	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify):
9	Have you SUCCESSFULLY completed any of the following qualifications?  If you answer YES, please tick any boxes that are applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bachelor's Degree or Higher Degree <input type="checkbox"/> Advance Diploma or Associate Degree <input type="checkbox"/> Diploma (Associate Diploma) <input type="checkbox"/> Certificate IV (Advance Certificate / Technician) <input type="checkbox"/> Certificate III (Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than above (please specify):
10	Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)	<input type="checkbox"/> To get a job <input type="checkbox"/> To try for a different career <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To upskill for my area of expertise <input type="checkbox"/> For personal interest and self-development <input type="checkbox"/> Other reasons:
11	How did you hear about training opportunity? (Tick a box)	<input type="checkbox"/> Newspaper / Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify):

**12 Months Competency-based 'Job-Ready Technicians' Development Training Program. Kumul Petroleum Academy.**

**Declaration:**

As a Registered Training Organisation-RTO 187, KPA/ SPEI is required to provide some government agencies with information regarding training for the purposes of statistical data collection. From time to time SPEI may contact to advise you of upcoming courses. If you do not wish to be contacted, or have your employer obtain your training records, please advise our administration team.

**I (Print Name)** \_\_\_\_\_ understand that information contained in the form and records of my training by SPEI proves to Government Agencies, the National Training Council and my potential Sponsor (where applicable) and I give consent to that occurring.

Signature:

Date: