



## 7 Disabilities

(Answering these questions will not affect your enrolment)

Do you have a disability, impairment or long term medical condition which may affect your studies?

Yes  No

If yes, please indicate your disability, impairment or long term medical condition by placing a tick in the box.

Back Injury  Mobility Impairment - Wheelchair

Impaired Function of Arms/Hands  Mobility Impairment - Other

Impaired Hearing - Deaf

Other (Please specify)

Impaired Hearing - Hard of Hearing  Neurological Condition

Impaired Vision - Blind  Psychiatric Condition

Impaired Vision - Low Vision  Speech Impairment

Learning Disability  Long Term Medical Condition

Other (Please specify)

Would you like to receive advice on support services, equipment and facilities which may assist? (if available)

Yes  No

## 8 Schooling

What is your highest COMPLETED school level?

Year 12  Year 10

Year 11  Year 9 or lower

In what year did you complete this school level?

Are you still attending secondary school?

Yes  No  Grade

If yes, provide name of school

## 9 Prior Achievements

Since leaving school have you COMPLETED any qualifications?

Yes  No

If yes, tick applicable boxes

Trade Certificate  1

Advanced/Technician Certificate  2

Other Certificate  3

Associate Diploma  4

Undergraduate Diploma  5

Degree or Postgraduate Diploma  6

Unspecified Prior Educational Achievement  7

## 10 I wish to apply for entry into the following course:

[Refer to Program Information Booklet for a list of units in each qualification.]

Certificate II in Government

Certificate III in Government

Certificate IV in Government

Certificate IV in Government (Project Management)

Diploma

for \_\_\_\_\_ units

[For administrative staff seeking corporate subsidy from Queensland Health, your choice should be in accordance with the Queensland Public Health Sector Certified Agreement (No. 6) 2005].

## 11 I wish to study this course:

Online

Distance delivery (print-based)

## 12 I wish to apply for a corporate subsidy (A02, A03 and A04 staff only)

OR

I wish to self-fund my participation

OR

I wish to seek a locally funded subsidy

(Some Districts/Statewide Services/Corporate Office Branches may choose to subsidise local enrolments where funds are available. See your Local Program Co-ordinator for details.)

## 13 Privacy Declaration

TAFE Queensland will use information provided for enrolments for administrative and legislative purposes only.

Commonwealth and State Government Departments will be granted access to enrolment information for specific purposes, such as Austudy validations by Centrelink. TAFE Queensland is bound by law to disclose such information. No further access to your enrolment information will be provided to any other organisations, without your consent, in accordance with the Information Privacy Principles contained in the State of Queensland's Information Standard 42.

## Identity Verification

For Privacy protection, it is necessary to store an identity verification keyword. This will enable institute staff to verify your identity via the phone.

Identity Verification Keyword: (can be up to 10 characters)

Identity Verification Hint: (can be up to 20 characters)

**14 Student Declaration** (Please read carefully)

- I agree to pay Queensland Health back any subsidy monies that I receive if I do not successfully complete a unit of study in the course I am enrolled in.
- I agree to abide by the TAFE Queensland Rules and Regulations and Institute Policy (available from the Institute) and acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules.
- As a student in the Queensland Health Administrative Professional Program, I agree for my academic results to be released by Brisbane North Institute of TAFE to Queensland Health
- I confirm the accuracy of the information provided.

**Student Signature**

Date

**15 Supervisors Declaration**

I endorse and support this application for a corporate subsidy.

Yes  No

OR

I endorse and support this application for a locally funded subsidy

Yes  No

OR

I endorse and support this self-funded application

Yes  No

**Signature**

Date

Position Title

**16 Program Coordinator subsidy approval**

(Approval required for all applicants except A02-A04 employees)

I approve this applicant :

- For corporate subsidy
- For locally funded subsidy
- Or to self-fund their application

for \_\_\_\_\_ units (state number of individual units)

**Signature**

Date

Position Title

**Brisbane North Institute of TAFE (BNIT) Use Only**

Sighted by BNIT and eligibility confirmed for subsidy

**Signature**

Date

Please Note:

## BNIT Help Desk (07) 3259-4517

Email: [healthtutor.TOL@deta.qld.gov.au](mailto:healthtutor.TOL@deta.qld.gov.au)

- For general application enquiries.
- For assistance regarding specific course content/unit selection.

## QLD Health Targeted Training Program Coordinators:

Email: [targeted\\_training@health.qld.gov.au](mailto:targeted_training@health.qld.gov.au)

- For general program information.
- For subsidy enquiries.

Central: (07) 3131-6933

Southern: (07) 4616-5522

Northern: (07) 4796-0903

### Application Flow Chart



**Check List:** Please complete before returning your Course Application Form. Have you:

- Checked your eligibility for entry to the Program?
- Indicated with a  whether you are seeking a corporate subsidy, a locally funded subsidy or whether you wish to self-fund?
- Had your supervisor endorse your application?
- Written your student number (if you have one) at the beginning of this form? (you may have studied with TAFE before).

Please Note:

- For self-funded students, payment requirements are detailed on the Brisbane North Institute of TAFE (Open Learning) form.