

91397 Barrington Training Services Pty Ltd

JOB READY

Please complete all sections of this form and return to Barrington Training Services.

JOB READY : Skill Set in SIT20316 Certificate II in Hospitality																	
TRAINING DATE: (office use)																	
TRAINING LOCATION:								(office use) FUNDED / NOT FUNDED TRAINING FEE: \$									
PARTICIPANT DETAILS- please complete your personal details below																	
Given Names/s																	
Surname																	
Title												Gender		M	/	F	
Address																	
Suburb																	
State												Post Code					
Phone																	
Mobile																	
Email																	
Date of Birth		D	D	/	M	M	/	Y	Y								
Town/City of Birth																	
Country of Birth																	
Unique Student Identifier USI #																Click on the following link to Create a USI: http://www.usi.gov.au/create-your-USI/Pages/default.aspx	
IDENTIFICATION																	
<p>Positive identification must be obtained and should contain a photo issued by a government or commercial organisation for the purpose of proof of identity or age.</p> <p>Documentary evidence will be recorded and retained by Barrington Training Services for the purpose of auditing processes as well as legislative reporting requirements.</p> <p>Please attach or email a copy of your ID.</p>																	
ID TYPE		ID/Documentation Number															
Drivers Licence																	
Passport																	
Birth Certificate																	
Other																	

ELIGIBILITY: To access government funding we need you to answer the following question to assess your eligibility			
NATIONALITY/LANGUAGE			
Are you of Aboriginal or Torres Strait Islander Origin?		YES	NO
Please provide documentary evidence			
Do you speak another language other than English at home? If YES, please specify the language spoken		YES	NO
Will you need help with English?		YES	NO
CITIZENSHIP (Tick the box that applies to you)			
I am an Australian Citizen		<input type="checkbox"/>	
I am a New Zealand Citizen		<input type="checkbox"/>	
I am an Australian Permanent Resident		<input type="checkbox"/>	
None of the above applies (Please specify)			
DISABILITY			
Do you consider yourself to have a permanent and significant disability		YES	NO
If YES, specify disability			
Do you require special assistance because of your disability		YES	NO
Please provide documentary evidence			
Are you a dependent of a Disability Support Pensioner?		YES	NO
EDUCATION			
What is your highest completed school level?		7 8 9 10 11 12	
In which year did you complete that level?			
Are you currently undertaking any other study?		YES	NO
PRIOR EDUCATION			
Since leaving school, have you completed any qualification		YES	NO
If yes, tick any of the following boxes that apply to you, please add the name of the qualification ticked			
Trade certificate	<input type="checkbox"/>		
Advanced/Technician Certificate	<input type="checkbox"/>		
Certificate other than above	<input type="checkbox"/>		
Associate Diploma	<input type="checkbox"/>		
Undergraduate Diploma	<input type="checkbox"/>		
Degree or Postgraduate Diploma	<input type="checkbox"/>		
What was your certificate level? (II, III or IV)			
What year was the last qualification completed			
Would you like to apply for RPL or Credit Transfer? If Yes please provide evidence to your trainer through BTS's RPL process	YES		NO

EMPLOYMENT STATUS			
1. Are you employed full-time / part-time? If no go to question 9.			
2. What date did you commence employment with this employer?			
3. Are you employed full time/part time?	FULL TIME	PART TIME	
4. Employer Name :	Employer Address:		
5. Suburb	State	Postcode	
6. Contact Person			
7. Phone			
8. Email Address			
9. Are you unemployed? If Yes how many weeks?	YES	NO	No of Weeks
Are you a Commonwealth Welfare recipient/the dependent of a Commonwealth Welfare recipient?	YES	NO	
If yes to the above question what type of welfare do you receive?			
Who is your Service Provider and what is their Service Provider Organisation ID?			
What is your Client ID or JSID number?			
HOUSING DETAILS- high priority			
Do you live in NSW Social Housing such as public housing, community housing, aboriginal housing, crisis accommodation or are provided rental assistance by Housing NSW? If YES please provide documentary evidence.	YES		
	NO		

DECLARATION OF UNDERSTANDING-please refer to our information handbooks

Please read the following statement carefully.

If you do not understand what you are being asked, please contact Barrington Training Services.

- ☐ I understand that the training course has an assessment component.
- ☐ These assessments are part of the training course and I must complete them.
- ☐ I will not have completed my training program until Barrington Training Services has received my completed assessments.
- ☐ I agree to hand in all assessments by the date agreed with my Trainer/Assessor.
- ☐ The BTS Trainer/Assessor will decide the assessment outcome.
- ☐ The BTS Trainer/Assessor will discuss the assessment outcomes with me.
- ☐ If I need to do further work to be credited with a completed unit or course of study, I agree to complete the work in the time agreed with my Assessor.
- ☐ If I do not agree with an assessment decision, I may use the Assessment Appeals Policy to have the assessment decision reconsidered. If I appeal an assessment decision, I agree to stand by the assessment decision as a final assessment of my competence in the unit or course of study.
- ☐ I also understand training places are limited in some courses and I may not be able to participate in the class at the time I have nominated.
- ☐ I am willing for BTS to create or access my Unique Student Identifier (USI) Information.
- ☐ I am willing for BTS to use the Student Provider Calculator on my behalf to calculate my student fee.
- ☐ I understand that the information provided to BTS is true, accurate, complete and not misleading in any way.
- ☐ I understand that the information requested in this form may be used by the NSW Department of Industry, Skills and Regional Development or ASQA for research, statistical & internal management purposes only. In supplying this requested information I am deemed to have consented to the use of the information for these purposes.
- ☐ I acknowledge and agree that the department may contact me by telephone, email or post during or after I have ceased subsidised training with BTS Pty Ltd for the purposes of evaluating and assessing my subsidised training.

Participant Signature:

Date:

:

Note: If under 18 years of age at the time of giving consent, then the consent of the guardian is required.

Full Name of Guardian: _____

Signature of Guardian: _____

Date: _____

LANGUAGE LITERACY NUMERACY ASSESSMENT FORM

Task 1 – SPELLING

Circle the words that are spelt correctly below:

beleve	believe	belive
nessacary	necissary	necessary
knife	nife	kniffe
abrivate	abbreviate	abreveate

Task 2 – LANGUAGE

Fill in the missing word:

- a) Your appearance must be neat, tidy and _____ at all times.
 profession professional personality
- b) When you are in a training course you must always _____ to your trainer.
 Lissen lisen listen

Task 3 – LITERACY

1. Circle the word which can replace the word that appears in bold.

- a) The person **has** good work habits as a result of good training methods.
 uses hired explained took
- b) Hazards in the workplace can be **minimised**, by effective hazard reduction policies and implementation.
 deduced reduced deficient retracted

2. Write a short paragraph about why you are attending this course.

Task 4 – NUMERACY

The table below displays a schedule for a worker called Bob. Look at the table and answer the question below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	8.00am		9.00am	8.00am		6.30am	7.00am
Finish Time	4.00pm		5.30pm	3.30pm		2.00pm	1.00pm
Total hours worked							6 hours

a) In the row for **Total hours worked**, fill in the total number of hours Bob worked each day.

b) On which day did Bob work:

- i) the least number of hours _____
- ii) the most number of hours _____

c) If Bob gets paid \$20.00 per hour, how much did he earn on Sunday? _____

ASSESSOR COMMENTS/FEEDBACK:

☐ **Competent**

☐ **Not yet competent**

Assessors Name:

Participant Name:

Assessors Signature:

Participant Signature:

Date

Date