

Appendix 1

**ECONOMIC PARTICIPATION PROGRAM/S REGISTRATION FORM**

Email form to [programenquiries@smrc.org.au](mailto:programenquiries@smrc.org.au)

Registration Date:	Program/s:	Gender: (please circle) Male Female Other	Title: (please circle) Mr, Miss, Mrs, Ms,
First Name:		Family Name:	
Phone: <i>(Note: if your number changes please let us know)</i>		How did you find us? Organisation who referred you: Do you have a Caseworker?	
Email: <i>(Note: if your email changes, please let us know)</i>		Do you need an Interpreter: (please circle) Yes – if yes what language No	
Address: Unit / House Number:		Street/ Road:	
Suburb: <i>(Note: if your address changes, please let us know)</i>		Post Code:	
Next of Kin / Emergency Contact: (please circle) Relationship: Husband, Wife, Adult Child, Mother, Father, Sister, Brother, Relative, Friend, Other -please circle First Name: Family Name:			
Contact Number:			
Date of Birth:	Are you Aboriginal or Torres Strait Islander: Yes No		
Country of Birth:	Language/s spoken:		
Month of Arrival in Australia:	Year of Arrival in Australia:		
Visa Subclass: Refugee: 200 or other:	Spousal:100 or other:		Asylum Seeker:
Australian Citizen: (please circle) Yes No	New Zealand Citizen: (please circle) Yes No		
Do you have a Concession Card: (please circle) Health Care card, Pensioner Concession card; Low Incomes Health Care card; Seniors Card Card Number: Card Expiry Date:			
Do you have a current Driver's Licence: (please circle) Yes No			
Do you have a current Learner's Permit: (please circle) Yes if yes Expiry Date: No			
Office Use Only – Program/s:		Carelink Number:	Vettrak Number:

## SMRC Journey Planner Questions:

**Reason for doing this program – Put an X in the box below which BEST describes the main reason why.**

- |  |                          |
|--|--------------------------|
| To get a job                               | <input type="checkbox"/> |
| To develop my existing skills              | <input type="checkbox"/> |
| To get into a course of study              | <input type="checkbox"/> |
| To try for a different career              | <input type="checkbox"/> |
| To get a better job or promotion           | <input type="checkbox"/> |
| To meet Centrelink parent requirements     | <input type="checkbox"/> |
| To get skills for community/voluntary work | <input type="checkbox"/> |
| For personal interest or self-development  | <input type="checkbox"/> |
| Other reasons                              | <input type="checkbox"/> |

**Employment: Put an X in the box, which BEST describes your current employment status?**

- |                                       |                          |
|---------------------------------------|--------------------------|
| Full-time employee                    | <input type="checkbox"/> |
| Part-time employee                    | <input type="checkbox"/> |
| Self employed – not employing others  | <input type="checkbox"/> |
| Unemployed – seeking full-time work   | <input type="checkbox"/> |
| Unemployed – seeking part-time work   | <input type="checkbox"/> |
| Unemployed – parent returning to work | <input type="checkbox"/> |
| Parent – not looking for work         | <input type="checkbox"/> |
| Disability Pension or Carer’s Pension | <input type="checkbox"/> |
| Student                               | <input type="checkbox"/> |
| Other                                 | <input type="checkbox"/> |

### Current circumstances

If you are employed full time or part time – what type of work do you currently do?

If you are looking for work what type of work would you like to do?

1.

2.

3.

**Your English level** (please circle)

**Speaking:** High Good Low

**Read:** High Good Low

**Write:** High Good Low



## Learning Space

### Conversational English -

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Introduction to Computers

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Introduction to Sewing

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

## ACFE – Vocational Courses for Education and Employment

### Workplace English

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Introduction to Interpreting (Part 1)

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Citizenship preparation Course

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Introduction to Cleaning Part 1 (Theory)

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### Introduction to Gardening Part 1 (Theory)

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom  
Please contact me when face to face classes start again - Yes No

### Learner's Permit Preparation Course

- I am interested to participate Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No

### IELTS – (International English Language Testing System)

- I am interested to participate when this course commences. Yes No
- The App/s I prefer to use is: Skype Whats App Snap Chat Viber Zoom
- Please contact me when face to face classes start again - Yes No
- Fee for Service – Cost to be confirmed

Below are Courses that will commence in TERM 2.

Courses will start week commencing Monday 20<sup>th</sup> April, based on a minimum of 6 participants. You will be contacted to confirm your attendance. Please ensure all details in the form are filled in.

**Please note there will be no Face to Face classes during Term 2 of 2020 .**

### Learning Space Programs – Term 2, 2020

#### Learning Space: Conversational English – Location: Online or on phone

Dates: During School Term

Day Wednesdays

Time: Within 9.30 – 2.30 pm (smaller sessions for individuals / groups, by different volunteer tutors)

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### ACFE Pre Accredited Training Programs – Term 2, 2020 -

#### Introduction to Interpreting Part 1 - Location: Online or on phone

Dates: During school term

Day: Tuesday

Time: 10.00am - 12.30am

Cost per term - \$20.00 plus

#### Workplace English - Location: Online only

Dates: During School Term

Day: Wednesdays

Time: 10.00am - 12.30pm - \$20.00 plus

#### Citizenship Preparation Course - Location: Online only

Dates: During School Term

Day: To be confirmed

Time: To be confirmed

#### Learner's Permit Preparation Course - Location: Online Only

Dates: During School Term

Day: To be confirmed

Time: To be confirmed

#### Introduction to Cleaning Part 1 (Theory)

Dates: During School Term

Day: Wednesday

Time: 10.00 – 12.30

## Photo / Video Consent – this includes recording of classes online



I, \_\_\_\_\_, give permission to SMRC to take photos/video, of myself or my children, which may be used for promotional purposes such as SMRC website, social media, publications or media whilst we are participating in SMRC programs.

I have been informed I can withdraw my consent at any time by providing a written request.

Name:

Signed:

Date:

## Participants Agreement for All Programs

I AGREE to follow the Guidelines of the program

I understand that if I participate in the program, I am giving permission for tutors and volunteers to have my relevant contact details for online classes.

Complaints & Grievances:

SMRC provides the opportunity for complaints to be handled without prejudice.

Participants should:

- Speak to the program worker to inform them of your grievance
- Speak to the immediate supervisor
- Speak to the manager
- Have an advocate to represent you, to speak to one of the above.

Applicant Name / Signature:

Staff Name / Signature:

Application receive date by program coordinator:

Signature





