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| **DEEWR2A**  **INDIGENOUS YOUTH CAREERS PATHWAYS PROGRAM**  **PARTICIPANT COMMENCEMENT ADVICE FORM**  Privacy Statement  *All personal information collected by the Department of Education, Employment and Workplace Relations (DEEWR) on this Advice Form is collected in accordance with the Privacy Act 1988.*  *The Department of Education, Employment and Workplace Relations collects the personal information provided on this form in order to facilitate the IYCP Program The personal information you provide will be used for:*   * *assessing a participant’s eligibility to be granted IYCP for which you have applied;* * *other purposes relating to the administration of IYCP, for example, to evaluate, monitor and conduct research relating to Indigenous Australian employment;* * *Reporting to parliamentary enquiries, Senate Estimates Committees and to meet departmental reporting requirements relating to Commonwealth Grants and Contracts.*   *The personal information collected on this form may also be given to Job Services Australia providers, Centrelink, the Department of Families, Housing, Community Services and Indigenous Affair in the delivery of employment and related services in connection with the IYCP.* | | | | | | | | | | | | | | | | | |
| **Provider:** | | **Access Group Training / Western Student Connections** | | | | | | | | | **Contract ID:** | | | 82874401 | | | | |
| **Participant Commencement** | | **Please tick one: □ 1st Year □ 2nd Year** | | | | | | | | | | | | | | | | |
| **Participant Details** | |  | | | | | | | | | | | | | |  |  | |
| **Please tick one: □ Aboriginal □ Torres Strait Islander □ Both** | | | | | | | | | | | | | | | | | | |
| **Do you have a disability? □ Yes □ No** | | | | | | **Please Specify:** | | | | | | | | | | | | |
| **Surname:** | |  | | | | | **First Name:** | | | | |  | | | | | | |
| **DOB:** | |  | | | | | **Gender(M/F):** | | | | |  | | | | | | |
| **Home Number:** | |  | | | | | **Mobile Number:** | | | | |  | | | | | | |
| **House/Unit number** | |  | **Street Address:** | | | |  | | | | | | | | | | | |
| **Suburb:** | |  | | | | | | | | **Postcode:** | | | | |  | | | |
| **School Details** | | | | | | | | | | | | | | | | | | |
| **School Name:** | |  | | | **Street Address:** | | |  | | | | | | | | | | |
| **Postcode:** | |  | | | **Year:** | | |  | | | | | | | | | | |
| **Details of the School Based Traineeship the Participant is commencing in?** | | | | | | | | | | | | | | | | | | |
| **Type of Traineeship** | **Qualification to be obtained** | | | **Employer or Host Employer Trading Name** | | | | | **Location** | | | | **Date Commenced** | | | | | |
|  |  | | |  | | | | |  | | | |  | | | | | |

**Participant Declaration**

I certify that:

* + - * The information supplied above is correct; and
      * I am of Australian Aboriginal descent and/or Torres Strait Islander descent; and
      * I identify as an Australian Aboriginal and/or Torres Strait Islander; and
      * I am accepted as an Australian Aboriginal and/or Torres Strait Islander in the community in which I live or have lived;
      * I understand that giving false or misleading information is a serious offence; and
      * I consent to the use of my personal information described in the privacy notice above.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Parent/Guardian Declaration** (if Participant is under 18 years of age their parent/guardian must sign at commencement)

* + - * I agree to the Participant participating in the activities described in this form.

I certify that:

* + - * The information supplied above is correct; and
      * I understand that giving false or misleading information is a serious offence; and
      * I consent to the uses of the Participant’s personal information described in the privacy notice below

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature** |  |
| **Date:** |  |

**Provider Declaration:**

I certify that:

* + - * I have witnessed the Participant sign the above Declaration; and
      * the individual records of the Participant and the Participant’s parent/guardian (where applicable) will be held and produced if required by the Department;
      * I understand that giving false or misleading information is a serious offence; and
      * I have documentary evidence to support information contained in this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Name:** |  |
| **Position:** |  | **Date:** |  |  |