



CareerPathways

Participant Application Form

Please email this form to career.pathways@industry.nsw.gov.au or post to
CareerPathways, Locked Bag 542, Newcastle NSW 2300
For more information or assistance with this form, please phone 02 4974 8535

The following information is confidential and is collected to confirm eligibility for the program and areas where individuals may require personal support. The data will be used for the program evaluation.

What course are you interested in?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Individual support (disability or aged care) | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Business | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Cleaning operations | |

Applicant details

First and middle name:

Last name:

Address

Unit/house number:

Street/Avenue:

Town/Suburb:

Postcode:

Contact details

Phone:

Email Address:

Date of Birth: / /

Gender:

- Female Male Transgender Intersex Other

Country of birth:

Are you of Aboriginal/
Torres Strait Islander
descent?

- Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander
 Yes, Torres Strait Islander No

What is the main
language you speak
at home?

- English
 Other (give details) _____

Income details

Type of income:

- | | |
|---|---|
| <input type="checkbox"/> Youth Allowance | <input type="checkbox"/> Abstudy |
| <input type="checkbox"/> Newstart | <input type="checkbox"/> Austudy |
| <input type="checkbox"/> Parenting Payment | <input type="checkbox"/> Carers Payment |
| <input type="checkbox"/> Disability Payment | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Other _____ | |

Paid:

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly |
|---------------------------------|--------------------------------------|

Amount of income:

Housing details

Are you currently: (Please tick all that apply)

- Homeless
- Living in public housing, including Aboriginal Housing supplied by Family and Community Services (FACS)
- Living in Community Housing
- Living in Local Aboriginal Land Council Housing
- Living in Aboriginal Community Housing
- Receiving crisis or supported accommodation
- Receiving private rental assistance funded by FACS (e.g. a private rental subsidy, rental bond loan, tenancy guarantee)
- Currently on a NSW Housing waiting list. My application reference number is _____
- Other (please give details) _____

Employment and education/training details

Are you currently employed or volunteering?

Yes (give details below)

No (go to next question)

Name of employer/org

Position

Full time

Part time

Casual

Perm

Hours/week

Paid

Unpaid

If you are not currently employed, are you linked in with an employment agency or jobactive provider?

Yes (give details of the linked Employment agency/jobactive provider name) _____

No

What is the highest level of education you have completed?

No education

Primary education

High school education (Year 7 – 9) – please specify highest year achieved _____

Year 10

Year 12

Vocational certificate, please specify Certificate (II, III, IV) _____

Diploma or Advanced Diploma

Bachelor Degree

Postgraduate

Are you currently undertaking any study?

Yes (give details below)

No (go to next question)

Type of study

School

Registered Training Organisation

TAFE

Other _____

University

Level of attainment sought

Background

Some of the circumstances listed below may be relevant to your situation. So we can understand a bit more about you, please tick all that apply to you.

My home environment:

I am a parent with a child or children

Do you have childcare? Yes No

Age of children _____

I am a single parent

I am a carer for a family member

I am in or have previously been in out-of-home care

I am having difficulties with my housing environment

Unstable accommodation

Homeless or at risk of homelessness

Living in overcrowded conditions

Other, please specify _____

I have stress or health issues

I have a disability

I have difficulties with the English language

Any other, please specify _____

You can tell us more about your background if you feel comfortable in doing so.

Transportation

Do you have a current drivers licence (provisional or full)?

- Yes
- No, if no, what do you need in order to gain a licence?
 - Pass driver knowledge test
 - Learn to drive/complete 120 hours of supervised driving
 - Pass driving test
 - Other, please specify _____

Are you able to access public transport to get to training and work placement?

- Yes (skip next question)
- No (go to next question)

Do you have a registered vehicle to get to and from training and work placement?

- Yes
- No, if no, what do you need in order to gain/use a vehicle to get to training and work placement? (please tick all that apply)
 - Car ride/pool
 - Fuel voucher
 - Other, please specify _____

How did you find out about the CareerPathways Program? (please tick all that apply)

- A postcard received in the mail
- Word of mouth
- Local housing office
- Jobactive provider/employment agency
- Support provider
- Online (e.g. social media/website)
- Other (please specify) _____

If you are accepted into the program, would you consider being contacted for possible media or case study purposes?

- Yes
- No

Participant Privacy Declaration

I _____
(Insert full name)

certify that the personal information provided in this application form is correct.

CareerPathways Program

I understand that the decision of the Selection Committee is final.

Participation in CareerPathways Evaluation

I agree to be contacted for the purposes of evaluating the CareerPathways Program and for information collected in this application to be used for the purposes of the evaluation on the condition that no identifying information is provided to the evaluators.

Provision of personal information to administer and disburse additional services as required

I give permission to NSW Department of Industry, my housing provider (FACS, Aboriginal Housing, Community Housing, Specialist Homelessness Service – as applicable) and my training provider to collect, use and disclose my personal information in this application form only for the purposes of assessment, administration and evaluation of the CareerPathways Program.

I give permission to the Department of Family and Community Services and the Department of Industry to contact service providers on my behalf for services that can assist in my participation in the CareerPathways Program. *(Without this permission, it will not be possible to participate in the CareerPathways Program).*

Name: _____

Signature: _____ Date: ____ / ____ / ____

Name of witness: _____

Signature of witness: _____ Date: ____ / ____ / ____

Department of Industry Privacy Notice

Information collected will not be given to any other third party except where required by law. All information provided will be held by Training Services NSW of the NSW Department of Industry and will be managed in accordance with provisions under the Privacy and Personal Information Protection Act 1998.