



Expression of Interest – Intake 1, 2022
CHC32015 Certificate III in Community Services
PARTICIPANT INFORMATION

Participant Details (must be completed in full before submitting)			
Given Name		Surname	
Address			
Suburb		Postcode	
Telephone		Mobile	
Email (Work)			
Email (Personal)			
Date of Birth		Gender	Male Female
USI Number			
If you do not have a USI number, please create one at the following website: http://www.usi.gov.au/createyour-USI			
Please tell us why you would like to enrol in this program			
No previous study is required to gain entry into the program. Participants must agree to attend all of the training provided in the training blocks as well as complete tasks back in the workplace to complete the program.			
Select one of the following options	To get a job I want extra skills To try for a different career	For personal interest / Self development To get a promotion Other reasons (write below)	
Other reasons			
Organisation details			
Organisation Name			
Organisation Address			
Suburb		Postcode	
Organisation Phone			
Your Job Title:			
Manager/Supervisor			



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Requirements for enrolment			
Please select the boxes that apply	I am of Aboriginal and/or Torres Strait Islander descent and am older than 16 years of age		
	I agree to adhere to Mental Health Commission's Training Policies and Procedures and Student Code of Practice		
	I am currently living in Western Australia		
	I agree to apply for and must be approved for ABSTUDY Away from base entitlements		
Please note	ABSTUDY supports participants with travel, meals and accommodation. If you are not ABSTUDY approved , any costs associated with travel and accommodation will need to be covered by you or your agency		
Support Needs			
Do you have any disability, impairment or health condition that might affect your studies or require support? (E.g: Hearing/Vision). If yes, please provide details below.			
Disability/Condition		Support required	

If you answered yes to the above question, a Strong Spirit Strong Mind Aboriginal Programs staff member will be in contact to discuss any additional supports required.

I hereby declare that all of the information provided in this form is true and correct.

Learner Name			
Learner Signature		Date	

Please note this form is an Expression of Interest only.
Completion of this form does not guarantee you a place in the program



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ORGANISATION INFORMATION

Organisation Details (must be completed in full before submitting)			
Name of Applicant			
Name of Organisation			
Line Manager Supervisor			
Telephone		Mobile	
Email			
What tasks does the worker complete in their day to day role?			
Outline the client work duties that relate to the Community Service Training Package			
Your organisation has read and understood the commitment to			
	Please tick Yes or No		
• Release the participant to attend all 4 training blocks	Yes	No	
• Allocate time within role to complete on-the-job tasks	Yes	No	
• Mentor to support learning in the workplace	Yes	No	
• Allow access to computer to complete assessments	Yes	No	
• Allow participant to conduct community service duties	Yes	No	
Manager/Supervisor name			
Signature		Date	

Please return by **12 December 2021** to:

Kurt Porter (Kurt.Porter@mhc.wa.gov.au) or Wayne Flugge (Wayne.Flugge@mhc.wa.gov.au)

Mental Health Commission, Level 2, 1 Nash Street PERTH WA 6000

For more information: Tel: (08) 6553 0361

Email: sssmap@mhc.wa.gov.au

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