**REFERRAL REGISTRATION FORM**

**Gordon TAFE Reconnect 2023**

This form is to be completed by the referring agency representative and signed by the referred participant to be considered for the Reconnect program. The Gordon TAFE Reconnect Advisor must verify each applicant’s eligibility for the Reconnect program. The Reconnect Advisor must keep the evidence of eligibility for Reconnect and make this available to DJSIR when requested.

All sections marked with an asterisk (\*) are compulsory.

1. Referrer Details\* (Skip to 2 if you are self-referring)

|  |  |
| --- | --- |
| Name of referring organisation: |  |
| Name & position of person who made the referral: |  |
| Contact Phone Number: |  |
| Contact email: |  |

2. Participant Details\*

|  |  |
| --- | --- |
| Full name:\* |  |
| Has participant consent been received? \* |  |
| Date of birth\*: | / / |
| Country of Birth\*: |  |
| Gender Identity\*: |  |
| Contact details\*: | Ph:  Email: |
| Residing suburb\*^: |  |

Which eligibility group are you registering as\*: (Tick one box)

**▢** Young Person aged 17-19 years **▢** Mature person aged 20-64 years

**▢** Young Person Impacted by the Justice System (Aged 17 - 24 years who have been, or are currently on, Youth Justice Orders)

**▢** Asylum Seeker aged 17-64 (holds a valid Bridging Visa Class E (BVE); or Safe Haven Enterprise Visa (SHEV); or Temporary Protection Visa (TPV); or Humanitarian Stay (Temporary) (subclass 449) visa

What is your preferred method of contact? (Tick all that apply)

*Phone Email Text/SMS Face to face Video*

Are you an Australian citizen? \* Yes No

Are you from a culturally and linguistically diverse background? \* Yes No

Do you identify as being Aboriginal or Torres Strait Islander? \* Yes No

Do you identify as having a disability? Yes No

Are you currently in Out of Home Care? Yes No

Do you have a valid photo ID? Yes No

If so, what valid photo ID do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Education\*

What is the highest school level you have completed? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the highest qual level you have obtained since leaving school? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Employment Status\*

Are you currently employed? Yes No

If ‘no’, how long have you been unemployed?

*6-12 months 1-1.5 years 1.5-2 years 2 years or more*

Any prior work experience? (paid or unpaid) Yes No

If yes, what was your role?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work experience previously undertaken (if applicable):

*Seasonal/Temp Casual Part Time Full Time*

What has been your main activity in the last 2 years?

*Looking for work Studying Volunteering Working Other:*

Do you have any barriers that affect the hours you can study/work? (Tick all that apply)

*Physical limitations Accessibility Family/caring commitments Transport*

What is your confidence level in seeking employment or commencing study in the near future?

*Not confident Somewhat confident Fairly confident Completely confident*

Are you receiving any other education or employment support from another provider? eg DES providers, employment services, WorkForce Australia, APM, etc.

*Yes No Unsure*

5. Participant information and Privacy Statement

How does the Department of Jobs, Skills, Industries and Regions (DJSIR) and the Reconnect Provider use, disclose and otherwise manage the participant’s information?

DJSIR provides funding to Registered Training Organisations and Community Service Organisations (Reconnect Providers) to deliver the Reconnect program. This means that:

* information collected through this form, including personal information about the participant, will be collected and held by both DJSIR and the Reconnect Provider.
* both DJSIR and the Reconnect Provider will use and disclose the participant’s information as necessary to assess the participant’s eligibility to the Reconnect program, administer the participant’s enrolment in the Reconnect program and to support the management, planning and evaluation of the Reconnect program.
* additionally, the Reconnect Provider must provide information to DJSIR about the participant throughout the participant’s enrolment in the Reconnect program. This means that the Reconnect Provider will provide ongoing information about the participant’s participation in the Reconnect program to DJSIR throughout the participant’s enrolment. For example, the Reconnect Provider advises DJSIR about each participant’s outcomes from the Reconnect program.

DJSIR may also disclose the participant’s information to partner organisations as necessary to deliver Reconnect program services to the participant.

DJSIR and the Reconnect Provider will otherwise only use and disclose the participant’s information as permitted by law.

Protecting your privacy

DJSIR values the privacy of all individuals and only collects and manages personal and health information consistently with Victorian privacy law.

For more information about how DJSIR protects each participant’s privacy, including how to access and correct personal information about you held by DJSIR, see DJSIR’s Information Privacy Policy at: www.djsir.vic.gov.au/privacy

For more information about how the Reconnect Provider protects each participant’s privacy please contact the Reconnect Provider directly.

6. Participant Declaration and Consent \*

• I understand and agree that information provided by me on this form will be collected and held by DJSIR and the Reconnect Provider and will be used or disclosed as described in the Participant Information and Privacy Statement above.

• I confirm that the information I have provided on this form is true at the time I sign this form.

• I understand what the Reconnect program involves and I freely consent to participate in this program.

Print Participant Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

*Parent/Guardian/Carer Consent (if applicant is under 18 years of age), sign below*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant of Reconnect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

7. Endorsement by Reconnect Provider\* **(LEAVE BLANK)**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

If the referred participant is not accepted into the program, see below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other details:

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^ The Gordon TAFE offers the Reconnect Program in the Geelong Barwon region only. To meet eligibility, participants must be residing in the local government area.