



Job Seeker Referral to Accredited Training

ONLY FOR USE IN VICTORIA - This form should be used for a job seeker registered with an Australian Government employment service provider or Access provider who wishes to enrol in government funded accredited training in Victoria.

Part A – All fields to be completed by the Employment Service (ESP) or Access Provider

Job Seeker's Surname _____ Given name _____

Job Seeker ID: (If applicable)

Name of ESP/Access Provider: _____

ESP/Access Provider Address:

ESP/Access Provider Contact Name: _____

Signature: Phone Number:

Fax number: Email:

Check preferred method of contact for advice about job seeker attendance/outcomes

Name of Registered Training Organisation (RTO): **GOODTASTE** Training and Education

Address: *Suite 12, 233 Cardigan Street, Carlton, 3053.*

Course Title: _____

Certificate level: 1 2 3 4 Other: (please specify) as above

Course Start Date: _____ Expected end date: _____

Date and Time of Enrolment Appointment: _____

RTO Contact name: *Larissa or Michelle* Phone no: *03 9349 2234*

Part B - Job Seeker Permission

I give permission for information on this form to be shared between my ESP/Access Provider and the Registered Training Organisation and for the Registered Training Organisation to provide information to my ESP/Access Provider about my participation in this training course.

Job Seeker name: Job Seeker signature:

Date: / /

(This section must be completed for information sharing. Please note the ESP or Access provider may contact the RTO to discuss participation.)

Part C - to be completed by Registered Training Organisation

Job Seeker has been assessed as meeting course requirements and has enrolled in course.

He/she will commence on .../.../.... Course is due to be completed on .../.../.... and is a :

Full time course or Part time course - specify scheduled hours per weekhrs

or

Job Seeker has not been enrolled in nominated course because

.....

Contact name: Larissa or Michelle – Administration Phone number: 9349 2234

IMPORTANT : PLEASE FAX or EMAIL this form back to the ESP/Access Provider.