



### 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: ..... Job Seeker Date of birth: .....

Job Seeker Previous Qualifications completed: Certificate level: I II III IV Diploma  
Advanced Diploma Bachelor Degree or Higher (*please tick all completed qualifications held*)

Job Seeker Phone Number: ..... Job Seeker Email: .....

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: ..... *Not Applicable*

RTO Contact name: *Michelle* Phone no: *03 9349 2234* Fax no: *03 9347 5524*

**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 week .....hrs  
or

Job Seeker has not been enrolled in nominated course because .....

.....

Contact name: **Michelle – Administration** Phone number: **9349 2234**

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