



# Productivity Places Program – Job Seekers Referral Form to Registered Training Organisation

This form is for job seekers registered with an Australian Government employment service provider who are to be enrolled as participants in approved training under the Productivity Places Program.

## PART A – All fields are to be completed by the Employment Service Provider (ESP)

Job Seeker's name:

Job Seeker ID:

Centrelink Reference Number (CRN):

Placement Priority (see Section 4.3 of Guidelines):  check one

Priority 1

Priority 2

Priority 3 – note these job seekers eligible for Cert III courses and above.  JSSO/JSS clients – not eligible for participation in the Productivity Places Program.

Name of ESP:

ESP Address (street address):

ESP Contact name:

Telephone number:

Email address:

Fax number:

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

Name of RTO: UNIQUE INTERNATIONAL COLLEGE PTY LTD

Course title: WRH30106 CERTIFICATE III IN HAIRDRESSING

Certificate level: CERTIFICATE III

Location: Level 1,60 South St, Granville NSW 2142

Course start date:

Expected end date:

Is the course two semesters or more?  Yes  No

Date and time of enrolment appointment: \_\_\_\_\_

Address: \_\_\_\_\_

RTO contact name: Amit Chauhan

Comments:

**This section must be completed, if left blank the referral will be deemed invalid.**

I give permission for the information on this form to be shared between the ESP, RTO and the Australian Government.

Job Seeker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I certify that the applicant has been assessed as being suitable (section 3.6 of ESP Guidelines) for the course above.**

Signature of ESP Contact: \_\_\_\_\_

Date: \_\_\_\_\_

## PART B – To be completed by Registered Training Organisation (RTO)

The applicant has been assessed by this RTO as suitable for the course and has been enrolled as described above. (Please note any changes to course start or expected completion dates).

OR

The applicant has **not** been enrolled for the nominated course because:

Contact name and number: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax or email this advice to the ESP once assessment/enrolment has been completed and retain a copy of this form on file.**

**– Privacy and Confidentiality Notice –**

The information contained in this form is intended only for the nominated recipient. If you are not that person and receive this in error, please notify the sender as soon as possible.