



ACT
Government

Chief Minister, Treasury and
Economic Development

Application for Skilled Capital Infection Control Training Places for Job Seekers

Training Providers can apply to the Directorate for additional training places in Skilled Capital Infection Control Training Products for job seekers.

The application can be for an individual student or a cohort of students.

Applications will be approved on a case by case basis and approval advised in writing.

All fields on this form must be completed and the form submitted to skills@act.gov.au.

Training Provider Details

Name: [Click here to enter text.](#)

National Code: [Click here to enter text.](#)

Infection Control Training Product

Name: [Click here to enter text.](#)

Code: [Click here to enter text.](#)

Student Details

Number of students in the cohort: [Click here to enter text.](#)

Priority Groups

- Aboriginal or Torres Strait Islander
- People with a disability
- Long term unemployed
- Youth at risk (15-24 years of age)
- New migrant
- Refugee or asylum seeker
- Mature aged workers over the age of 45
- Women seeking to enter a trade

List the student name/s and the priority group/s for each student, if applicable.

(This may be supported by data provided on an attached document)

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Justification for enrolment of the student or student cohort:

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Expected pathway for the student or student cohort from training into further study or employment:

Is the student or student cohort 'ready-to-enrol'? Yes No
(The Training Provider has a valid enrolment form for each student)

If no, please indicate the timeframe for enrolment:

Does the student or student cohort meet the minimum eligibility requirements for Skilled Capital Infection Control Training? Yes No

Is the student or student cohort enrolment supported by a third party? Yes No
(e.g. employer, support agency, employment services provider, community association, other relevant Government organisation)

If yes, please attach the letter/s of support.

Office use only

Application approved / declined (circle)

Approved/Declined by (print name): _____

Signed: _____ Date: _____

Application approved

Approval letter sent to Training Provider

Application declined

Reason for decline discussed with Training Provider

Application declined letter sent to Training Provider