

Please complete this form and return to Applications@tafensw.edu.au to be considered for the AgSkilled funded training.

Please return a separate form for each AgSkilled training program you wish to apply for. This information will be used to assess your eligibility for AgSkilled funded training and to provide AgSkilled with learner information for monitoring, evaluation and reporting purposes. Please ensure information is detailed and accurate, you may be contacted to verify information.

PART A - Applicant Information

First Name _____ Surname _____

Student Number/USI (if applicable) _____ Date of Birth _____

My primary place of residence or work is in NSW Yes No

I am an Australian Citizen or hold the Australian Residency Yes No

I am 15 years or older and no longer at school Yes No

I have completed AgSkilled funded training in the past Yes No

If yes, please list courses below:

What course would you like training in? Please list courses below:

CONTACT DETAILS

Phone Number _____ Email _____

Postal Address _____

Suburb _____ State _____ Postcode _____

OCCUPATION INFORMATION

How would you classify yourself?

Column A: <i>(Please select one)</i>	Column B: <i>(Please select one)</i>	Column C: Industry <i>(Tick all that apply)</i>	Column D: Main Crop Type <i>(List one or more)</i>
On farm owner	Self employed	Cotton	
On farm employee	Full time	Grain	
Contractor	Part time	Production horticulture	
Agronomist/Consultant	Casual	Rice	
JobSeeker	Contractor	Viticulture	
Researcher/ Research technician	Unemployed		

Current Job Title _____ Employer Name (if applicable) _____

Company Name _____

PART B - Pre-course Knowledge Information

Relevance of training to current role/future career plans

How is this training relevant to your current role or future career plans?

(Please select one box)

- To get a job
- To develop my existing business
- To start my own business
- To get a better job or promotion
- To try for a different career/change of career
- It is a requirement of my job
- Extra skills for my job

Expected practice change

What changes do you hope or expect to make as a result of this training?

(Please select one box)

- Improved efficiency on farm
- Improved productivity on farm
- Better use of resources
- Improved on farm safety
- Improved leadership capacity
- Improved communication/people skills
- Improved business skills
- Able to complete more tasks on farm
- Secure a promotion or new job

Privacy Consent

I acknowledge the followings:

1. I authorise and consent to AgSkilled or any other officers, servants, agents, employees, successors, or third parties as directed by AgSkilled to collect, use, store and disclose my personal information or contact me by phone, email, or text for the purpose of reporting, marketing, monitoring and evaluation exercises.
2. Personal information includes any information disclosed on our application form, including your contact details.
3. If you do not wish to receive direct marketing information, please write to us at any time.

Signed

Date