



Next Review Date: 21 September 2025

Training Program Enrolment Request

This form is to be used by anyone interested in enrolling in one of our training or learning and development offerings. To enrol in more than one offering, a separate form will need to be completed for each. If a program occurs on a rostered workday, leave must be taken to attend.

Enrolment Details

Name:	
Date of Request:	
Are You a Good Sammy Employee?	☐ No ☐ Yes if yes: Are you rostered to work on the day/s of the program? ☐ No ☐ Yes
I Want to Enrol in:	 □ Explore- Work Placements for High School □ Life Skills (Tuesday, 9:00 am to 12:00 pm, 10 weeks): □ My Digital Life (Feb-April) □ My Quality of Life (April/May - June/July) □ My Personal Life (July-Sept) □ My Social Life (Oct-Dec) □ Work Skills- One-on-one coaching session □ Hype Program (Thursday, 8:30 am to 12:30 pm, 6 weeks)
Program Date/s:	
Fees	□ NDIS funding - Core□ NDIS funding - Capacity□ Fee-for-service (out-of-pocket)
Support Requirements	☐ 1:1 Support Worker / Mentor Mentor name: ☐ Small group support (e.g., 1:3)
Transport Requirements	☐ Not required ☐ Transport to/from the training program needed. Time (in hrs), to and from: Distance (in km) to and from:

Please ensure all fields in the table above have been completed.



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Rev 2 0

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Indicative Program Costs

Program	1:1 Support Cost	1:3 Support Cost		
Work Skills	TBC	TBC		
HYPE Program (Program of Support)	\$1,863.20 \$ 268.40 (Program) + \$1,594.80 (1:1 support)	\$ 800.00 \$ 268.40 (Program) + \$ 531.60 (1:3 support)		
Life Skills (Program of Support)	\$2,261.90 \$ 268.40 (Program) + \$1,993.50 (1:1 support)	\$ 932.90 \$ 268.40 (Program) + \$ 664.50 (1:3 support)		

NOTE: Any transport requirements will be in addition to the costs outlined above. The indicative costs above do not include mentors' transportation costs.

Good Sammy Office Use Only

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Payroll Checks								
This check only needs program day/s	s to be co	mpleted if th	ne employee is ro	ostered to	work on			
□ N/A								
☐ Adequate leave bo	ılance							
☐ Insufficient leave; F R 04 - Request for Unpaid Leave to be completed								
Reviewed by:				Date:				
Signature:								
Request for Unpaid	Leave:	□ N/A	☐ Approved		□ Declined			
Finance Checks								
NDIS plan checked - adequate funds available:								
□ Yes □ No								
Reviewed by:				Date:				
Signature:								
*Please return to the Training Academy team once completed								
Training Academy								
Enrolment Outcome	e:	☐ Able to €	enrol 🗆 Unable to enrol					
Welcome Pack Sent	elcome Pack Sent: Date: Sender Initials:		tials:					