



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

PART A – to be completed by the ESP/JSP

Job Seeker's name: _____

Job Seeker ID: _____ **Centrelink Reference Number (CRN):** _____

Placement Priority please check one

Stream 1 Stream 2 Stream 3 Stream 4

Name of ESP: _____

ESP Contact name: _____ **Telephone number:** _____

Email address: _____ **Fax number:** _____

Name of RTO: Orion Training & Performance Management _____

Course title: _____

Certificate level: _____ **Location: Yeerongpilly**

(Please provide details of any additional training support required by this Jobseeker)

Comments: _____

PART B – Signatures [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:** _____

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.