



## Underpinning Skills for Industry Qualifications (USIQ) Request Form

### APPLICANT DETAILS

RTO name:

### COURSE DETAILS

Delivery region:

Parent qualification national code:

Parent qualification name:

Parent qualification hours (as listed on TAMS):

Student places:

If you intend to partner, please provide the name of the RTO registered to deliver USIQ

RTO national ID:

Legal name:

Trading name:

Please provide details for the person the Senior Literacy Officer can discuss USIQ delivery:

Contact name:

Contact position:

Contact phone:

Please give a brief description of your teaching program for the parent qualification.

1. Start date

2. Finish date

3. Proposed duration of the course in weeks

4. Scheduled number of class-based teaching hours per week.

5. Scheduled number of other face to face teaching hours per week

6. Estimated number of days work placement to be provided per student.

Additional details:

**Provide evidence that the students are eligible for USIQ.**

a) Number of students to be enrolled in the USIQ program

b) Which of the following factors apply to your students?

Eligibility indicator		Details
Educational and learning profile of the candidate		Provide numbers in table below
Linguistic, cultural, intellectual or social resources available to the candidate		Provide numbers in table below
Delivery mode used for the qualification in which the candidate is enrolled		
The opportunity afforded the candidate to develop educational skills in lower level qualifications		

c) How many students do the following factors apply to?

Eligibility indicator	Number	Eligibility indicator	Number
Second language or second dialect speaker		Identification as Indigenous	
Refugee or recent migrant from a non-English speaking background		Low educational achievement	
No recent history of engagement in education or participation in the labour market		State Training Provider Entry Requirement Benchmark Level 1 or below	
Acquired brain injury		Intellectual disability	
Sensory impairment		Mental illness	

**USIQ program details**

a) List the USIQ modules you will use.

Module	Hours	Module	Hours

b) Timeframe

Start date:	
Finish date:	
Teaching hours per week:	

c) Please provide with this application your schedule of tuition (timetable/teaching plan)

d) Which one of the following USIQ program models will you deliver? (Select one option only)

Program model	Select option
Additional tutorial program	
Expanded vocational program (fully integrated)	
Preparation program	
Team-teaching	

### Staff skills

Please provide evidence that the teacher(s) selected to deliver the USIQ program have the skills and knowledge to address the additional educational needs of the students in the program.

#### a) Formal qualifications

#### b) Teaching experience

#### c) Relevant professional learning

#### d) Peer recognition

#### e) Selection process

**Completed forms must be submitted via email  
to: [training.markets@dtwd.wa.gov.au](mailto:training.markets@dtwd.wa.gov.au)**