

Apprenticeship Careers Australia – Candidate Details Form

DEMOGRAPHIC DATA

_____	_____	_____	_____
Title	Candidate Name	Date of Birth	Age
_____	_____	_____	_____
Gender	Pronouns	Mobile Number	

Email Address			

_____	_____	_____	_____
Address	Suburb	State	Postcode
_____		_____	
School and School Year		Highest Year Completed at School	

USI Number			

EMPLOYMENT DETAILS

Previous Qualifications: _____

Currently Working? Where?: _____

Available for a 2nd Interview? When?: _____ Available Start Date for Apprenticeship/Traineeship?: _____

Pay Rates Discussed and Confirmed?: _____ Host Location Confirmed?: _____

CITIZENSHIP/ETHNICITY

Australian Citizen New Zealand Citizen Permanent Resident Temporary Resident

Do you identify as First Nation? _____ Yes No

Were you born in Australia? If no, what country were you born in? _____ Yes No

Do you speak a language other than English at home? If yes, what language? _____ Yes No

Do you need help with English? _____ Yes No

Are you currently receiving any benefits from Centrelink? _____ Yes No

Job Seeker ID: _____

Name of benefit: _____

Date of benefit commenced: _____ Are you registered Job Active provider? _____ Yes No

Date of registration: _____

Job Active Provider Name: _____

Consultant's Name: _____

ABN 86 157 291 541

EMERGENCY CONTACT DETAILS

First Name: _____ Last Name: _____
 Relationship to Candidate: _____
 Phone Number: _____
 Email Address (if known): _____

DISABILITY

Do you consider yourself to have a permanent or significant disability? _____ Yes No
 If yes, specify type of disability: _____
 Do you require special assistance because of the disability? _____ Yes No
 Are you aware of any circumstances that may affect your long term employment? _____ Yes No
 If yes, please specify type of Circumstances: _____

HEALTH QUESTIONNAIRE

Important: As an employee of Apprenticeship Careers Australia our foremost concern is your health and safety. This questionnaire is designed to assist us in ensuring that our employees are only placed in assignments, which they are capable of performing safely. The information obtain in this questionnaire will be treated in strict confidence and will only be used in conjunction with the requirements of client assignment. Failure to disclose a pre-existing injury/illness or disease may lead to a loss of entitlement to entitlement to benefits should employment aggravate, exacerbate or accelerate that undisclosed pre-existing condition.

HEALTH HISTORY

1. Do you have a physical or psychological condition that might preclude you from some work duties or certain workplace environment (e.g. Vertigo, Asthma)?

Yes
 No

If yes, what is the nature of the condition? _____

2. Do you suffer from any allergies?

Yes, please circle: Dust Nuts Pollens Other
 No

3. Have you ever had or do you currently suffer from any of the following conditions?

	Yes	No		Yes	No		Yes	No
Any neck or shoulder injury			Asthma or other respiratory problems			Repetitive strain injury		
Any arm, hand or wrist injury			Epilepsy, fits or fainting			Head injury		
Any back pain or strain			Dermatitis, eczema or other skin disorders			Difficulty with sight either eye		
Any leg injury			High blood pressure			Impaired hearing		
Any stomach strain/hernia			Persistent headaches					

If yes to hearing, when was the last time you're hearing was tested? _____

IF YES to any of the above, please give details:

INJURIES AND TREATMENTS

Do you have any pre-existing illness or injuries that may affect your ability to perform certain tasks?

- Yes
 No

If YES, please provide details:

Type of injury: _____

Date of injury: _____

Are you presently receiving medical treatment for any physical or mental condition that has the potential to affect your workplace performance?

- Yes
 No

If YES, please provide details: _____

PHYSICAL ABILITIES

Please indicate whether you have, or would have difficulties with any of the following activities:

	Yes	No		Yes	No		Yes	No
Crouching			Standing for 2 hours or more			Using hand tools		
Climbing a ladder			Lifting items			Repetitive movements of hands		
Sitting for 2 hours or more			Kneeling			Hearing a normal conversation		
Gripping firmly with both hands								

Are you affected by:

	Yes	No		Yes	No		Yes	No
Shift work			Working at Heights			Working in confined spaces		

POLICY STATEMENT

Apprenticeship Careers Australia is an EEO Employer. All individuals should have equal opportunity to make use of and participate in relevant Training and Employment Activities provided or administered by Apprenticeship Careers Australia.

Through:

- Actively supporting the entry of people from disadvantage groups into the full range of our Employment Opportunities.
- Continuing to increase the participation in Apprenticeship Careers Australia for people from disadvantage groups.

APPLICANTS AGREEMENT

Apprenticeship Careers Australia is covered by 10 National Privacy Principles, as set out in the Privacy Act 1988 as amended by the Privacy Amendment Private Sector Act 2000. To comply with our obligations under the National Privacy Principles we have a Privacy Policy, which sets out how we manage Privacy in our Organisation. You are welcome to receive more Information about the Privacy Policy.

In the course of assessing this Application we may collect Personal Information about you from your references given. The information obtained on this form and from references will be used to assess your suitability for Employment. The information may also be passed on to a potential Employer, Host employer or other Employment Divisions of our Organisation.

If I am successful my Application, I agree for Apprenticeship Careers Australia to provide my Host Employer a Copy of my Registered Training Organisation Results when requested.

I hereby consent to the use of information as described and certify that the information given is true and to be accurate to the best of my knowledge.

Signature: Date:.....