

Registration Form

Personal details

Your details

Mr/ Mrs / Ms/ Miss /Other	First name	Last name
Street address		
Suburb	Postcode	
Phone (h)	(m)	Date of Birth
USI Code		
Email		
<input type="radio"/> Are you Aboriginal or Torres Strait Islander (ATSI) ?	<input type="radio"/> Are you a migrant (CALD) ?	<input type="radio"/> Do you have a disability ?

Emergency contact

First name	Last name
Preferred contact no.	Relationship to applicant

I am currently...

<input type="radio"/> Unemployed	<input type="radio"/> Working Full-time	<input type="radio"/> Working Part-time	<input type="radio"/> Studying (Secondary)
<input type="radio"/> Studying (Uni / TAFE)	<input type="radio"/> Thinking of Leaving School	<input type="radio"/> Volunteering	
<input type="radio"/> Other (please specify)			

Are you registered with any agencies?

<input type="radio"/> Job Active Provider? Who?	<input type="radio"/> Disability Employment Services Provider? Who?
<input type="radio"/> Not-for-profit organisation? Who?	<input type="radio"/> Other
Consultant's name	Contact no.

Education, Skills and Experience

What is your highest level of education?

Secondary	<input type="radio"/> Year 10	<input type="radio"/> Year 11	<input type="radio"/> Year 12			
Further Education	<input type="radio"/> Certificate I	<input type="radio"/> Certificate II	<input type="radio"/> Certificate III	<input type="radio"/> Certificate IV	<input type="radio"/> Diploma	<input type="radio"/> Tertiary

Do you have any of the following licenses/tickets?

Drivers Licence	<input type="radio"/> Full / Provisional	<input type="radio"/> Learners	Do you own a car?	<input type="radio"/> Yes	<input type="radio"/> No
Truck Licence	<input type="radio"/> LR	<input type="radio"/> MR	<input type="radio"/> HR	<input type="radio"/> HC	<input type="radio"/> MC
<input type="radio"/> Senior First Aid	<input type="radio"/> Forklift Licence	<input type="radio"/> Bobcat Licence	<input type="radio"/> White Card	<input type="radio"/> Responsible Service of Alcohol	
<input type="radio"/> Mandatory Notification Training	<input type="radio"/> Current Police Check (valid 12 months from date of issue)			<input type="radio"/> Asbestos Awareness	
<input type="radio"/> Other (please specify)	<input type="radio"/> First Aid	<input type="radio"/> Working with Vulnerable People (WWVP)			

Please tick the areas of employment or training that you are interested in:

<input type="radio"/> Civil Construction	<input type="radio"/> Building and Construction	<input type="radio"/> Landscaping/Horticulture	<input type="radio"/> Retail
<input type="radio"/> Hospitality	<input type="radio"/> Health	<input type="radio"/> Transport and Logistics	<input type="radio"/> Childcare
<input type="radio"/> Other (please specify)			

Who referred you to this program/placement?

Authorisation

By completing and signing this registration form, I confirm that I understand and agree to the following:
 I authorise Riverview Projects and their partners to refer and exchange my details with employers, agencies and other stakeholders.

Participant's signature

Date



ACT
Government

Suburban Land
Agency



Riverview
Developments