

Registration Form

Personal details

| | | | |
|------------------------------------------------------|---------------|---------------------------|---------------------------|
| Mr Mrs Ms Miss Other | First name | Last name | Preferred name |
| Street address | | | |
| Suburb | | Postcode | |
| Phone (m) | Date of birth | | |
| USI Code | JSID code | | |
| Email | | | |
| Are you Aboriginal or Torres Strait Islander (ATSI)? | | Are you a migrant (CALD)? | Do you have a disability? |

Emergency contact

| | |
|-----------------------|---------------------------|
| First name | Last name |
| Preferred contact no. | Relationship to applicant |

I am currently...

| | | | |
|-------------------------|----------------------------|-------------------|----------------------|
| Unemployed | Working Full-time | Working Part-time | Studying (Secondary) |
| Studying (Uni/TAFE/CIT) | Thinking of Leaving School | Volunteering | |
| Other (please specify) | | | |

Are you registered with any agencies?

| | |
|-----------------------------------|-----------------------------------------------|
| Job Active Provider? Who? | Disability Employment Services Provider? Who? |
| Not-for-profit organisation? Who? | Other |
| Consultant's name | Contact no. |

Education, Skills and Experience

What is your highest level of education?

| | | | | | | |
|-------------------|---------------|----------------|-----------------|----------------|---------|----------|
| Secondary | Year 9 | Year 10 | Year 11 | Year 12 | | |
| Further Education | Certificate I | Certificate II | Certificate III | Certificate IV | Diploma | Tertiary |

Do you have any of the following licenses/tickets?

| | | | | | | |
|---------------------------------|-----------------------------------------------------------|--------------------------------|----|---------------------------------------|-----------|----|
| Drivers Licence | Full / Provisional | Learners | | Do you have access to a car? | Yes | No |
| Truck Licence | LR | MR | HR | HC | MC | |
| Senior First Aid | White Card | Responsible Service of Alcohol | | Working with Vulnerable People (WWVP) | First Aid | |
| Mandatory Notification Training | Current Police Check (valid 12 months from date of issue) | | | Asbestos Awareness | | |
| Other (please specify) | | | | | | |

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

| | | | |
|-------------------------|---------------------------|--------------------------|------------------------------|
| Civil Construction | Building and Construction | Landscaping/Horticulture | Conservation Land Management |
| Hospitality | Community Services | Transport and Logistics | Childcare |
| Business Administration | 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 Developments and Uniting Care Kippax and their partners to refer and exchange my personal details and history with employers, agencies and other stakeholders.

| | |
|-------------------------|------|
| Participant's signature | Date |
|-------------------------|------|