

Playford Alive Works Program 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
Email		
What is your Job Seeker ID Number? _____	<input type="checkbox"/> ATSI	<input type="checkbox"/> CALD

Emergency contact

First name	Last name
Preferred contact no.	Relationship to applicant

I am currently...

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

Are you registered with any agencies?

<input type="checkbox"/> Job Services Australia Providers? Who? _____	<input type="checkbox"/> Disability Employment Services Providers? Who? _____
<input type="checkbox"/> Not-for-profit organisations? Who? _____	<input type="checkbox"/> Other _____
Consultant's name	Contact no.

Education, Skills and Experience

What is your highest level of education?

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

Do you have any of the following licenses/tickets?

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

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

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

Who referred you to Playford Alive Works Program?

Authorisation

By completing and signing this registration form, I confirm that I understand and agree to the following:

- I authorise Playford Alive and their project partners to refer and exchange my details with employers, job networks and other partners.
- I am willing to allow Playford Alive, relevant project partners and stakeholders to use my photo for PR/marketing purposes.

Participant's signature _____ Date _____