

D. Employment Status	
Are you currently working?	Yes No
If not working , How long have you been unemployed?	
What was your last Job?	
If working , what best describes your current employment status?	Casual Part-time Full-time Volunteering
What is your current Job?	

E. Centrelink Benefits and Employment Services	
Are you currently receiving Centrelink benefits?	
If yes, please specify:	Newstart Youth Allowance
	Other:
Do you have a current concession or health care card?	Yes No
Are you currently registered with an Employment Services Provider?	Yes No
Job Provider Name	
Job Provider Contact	

F. Education and Training	
What is the highest level of schooling you have completed and when? (e.g., Year 11, 2014, Woodridge State High School)	
List any post-school training?	
Was this SQW Funded?	

G. Motivation – please use the provided space to answer the questions.	
Please provide details of work experience you have?	
What motivates you to want to do this training course?	
What do you hope to achieve from this course?	
What have been the greatest difficulties for you when seeking employment?	
What kind of assistance do you feel you need to successfully find work?	

H. Security Credentials			
Do you have any of the following:			
Yes/No	Blue Card	V P	#
Yes/No	National Police Check	Current	Yes No
Other (Please list any other credentials you currently hold):			

I. Declaration

ADRA Australia collects the above information for the sole purpose of delivering the training program. ADRA Australia will keep this information, and any additional information and/or supporting documentation you may be asked to provide, to meet the requirements of its *Skilling Queenslanders for Work Service Agreement* with the Queensland Government.

ADRA Australia will treat your personal details confidentially and store them securely in line with organisational policies and procedures. It will not share any of your information, except for program progress reporting to the Department of Education, Small Business and Training or as otherwise required under its Service Agreement, or with your express consent to provide you with job search and other relevant assistance.

ADRA Australia is partnering with a Registered Training Providers (RTO) to deliver these training programs. The relevant RTO will separately gather information and supporting evidence from all participants in line with applicable rules and regulations.

I _____ (please print full name), declare that the information provided by me in this form is true and correct to the best of my knowledge and I understand that:

- Completion of this form does not guarantee me a place in the training program and that I will be advised of the further participant selection process in due course.
- I may be asked to provide additional information and/or supporting documentation to ADRA Australia during the selection process.
- ADRA Australia will collect, store and use my personal information solely to manage the training program in line with its *Skilling Queenslanders for Work Services Agreement* with the Queensland Government, and other applicable legislative requirements.
- The registered training organisation will separately collect, store and use my personal information for the purposes of delivering the accredited training program.
- If accepted into the training program, I will insure my committed attendance at all training sessions and activities. If I am unable to attend for a valid reason e.g. sickness, serious family matters etc., I will inform the trainer and training coordinator ASAP.

Date: _____ Signature: _____

Return to Training Coordinator

ADRA Australia,

31 Station Road

Logan Central 4114 QLD. Email: training@adralogan.org.au Phone: 07 3290 3011

ADRA Logan Training Expression of Interest for Courses:

- Certificate III in Individual Support
- Certificate I in Hospitality
- Certificate I in Conservation and Land Management (CALM)

A. Personal Details

First Name:			
Last Name:			
Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:		USI #:	
Date of Birth:		Gender:	Male Female

B. Residency Status

Please indicate your current residency status in Australia

	Australian Citizen		
	Australian Temporary Resident	Visa subclass:	
	New Zealand Citizen	Maori:	PI:
Other (if applicable)			

C. Cultural Background

Do you identify as being of Aboriginal or Torres Strait Islander Origin? Yes No

If you were born overseas (i.e. not in Australia)

Country of Origin	
Languages Spoken at Home	
Date first arrival in Australia	