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**PARTICIPANT REGISTRATION FORM**

The information you provide will remain confidential, and used solely for program implementation, monitoring and evaluating purposes.

#### Participant Details

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| --- | --- |
| **First Name:** | **Last Name:** |
| **Address:** | |
| **Suburb:** | **Postcode:** |
| **E-mail:** | |
| **Contact Telephone Number:** | **Mobile:** |
| Date of Birth: / / | **Gender:** Male □ Female □ Other □ |
| **Are you of Aboriginal or Torres Strait Islander Origin?** Yes □ No □ Prefer not to say □ | |
| **Are you currently at school?** Yes\* □ No □  \**Please note, school students are not eligible* | |
| **Which program are you applying for?**  □ Community Services, Care & Support Sector (Up to 6 weeks)  □ Resources & Infrastructure Sector (Up to 6 weeks)  **Which location are you applying for?**  □ Port Augusta □ Whyalla □ Port Lincoln □ Port Pirie | |
| **Are you currently employed?**  □ Yes □ No **If yes, please indicate employment type below:**  □ Full time □ Part-time □ Casual  **If yes, please indicate number of hours per week**  □ Less than 15 hours □ Greater than 15 hours | |
| Job Seeker Number: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Unique Student Identification Number (USI):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you have lost your USI, please follow this link: <https://www.usi.gov.au/students/find-your-usi>  If you need to create a USI, please follow this link: <https://www.usi.gov.au/students/get-a-usi> | |
| **Are you registered with an employment service provider?**   * No * Yes (please provide details):   □ Workskil □ APM  □ atWork Australia  □ Other: (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **What is the highest level of education you have completed? (Tick one box)**  □ Did not attend school □ Year 9 or lower □ Year 10  □ Year 11 □ Year 12/13 □ Trade/Certificate | |
| **What was your main activity before registering for this project?**  □ Working □ Studying □ Volunteering □ Not actively looking for work    *Or unemployed and looking for work: -*  □ Less than 3 months □ 3-6 months □ 6-12 months □ Over 12 months | |
| **Have you got a current driver’s licence?** □ Yes □ No | |
| **Do you have any health problems that may restrict the work that you can do?**  □ Yes □ No If yes, please give details: | |
| **Are you currently taking medication for any health concerns?**  □ Yes □ No If yes, please provide brief details: | |
| **What are your reasons for wanting to be part of the program?**  (Think about the additional benefits and value you would gain in addition to a job) | |
| **How did you hear about the program?**  □ Family Member / Friend □ Workforce Australia Provider □ Television  □ Newspaper □ Radio □ Social Media □ Career Expo □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **I have attached a copy of my current and up to date Resume**  □ Yes □ No  **I give permission for any photographs taken of me whilst in the programme being used for promotional or media purposes.**  □ Yes □ No | |

I certify that the information I have provided on this form is true and correct, and I consent to the information I have provided being used for the purposes of implementing, monitoring and evaluating the program.

Participants full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: / /

## *If under 18 years of age*

I certify that the information provided on this form is true and correct, and I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Please write in your child’s name*) participating in this programme and for the information they have provided in this Participant Registration Form being used for the purposes of implementing, monitoring and evaluating the program.

Parent or Guardian’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: / /

**PLEASE RETURN TO:**

Career Co. Australia, 93 Commercial Road, Port Augusta 5700

Email: [hello@careerco.com.au](mailto:hello@careerco.com.au) P: 08 8686 8596