|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | | | | | | | | | | | | | |
| Full Name: *(as per birth certificate)* | |  | | | | | | Date of birth: | | | |  | | | | |
| Preferred Name: | |  | | | | | | Drivers Licence: | | | |  | | | | |
| Residential Address: | |  | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | |  | | | Post Code: | |  |
| Postal Address: (if different from above) | |  | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | |  | | | Post Code: | |  |
| Home Phone: | |  | | | | | | Mobile: | | |  | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | |
| Do you identify as Aboriginal or Torres Strait Islander? | | | | | | Aboriginal ❑ Torres Strait Islander ❑ | | | | | | | | | | |
| EMERGENCY CONTACT DETAILS | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | Relationship: | | |  | | | | | |
| Residential Address: | |  | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | |  | | | Post Code: | |  |
| Home Phone: | |  | | | | | | Mobile: | | |  | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | |
| WORK HISTORY AND QUALIFICATIONS | | | | | | | | | | | | | | | | |
| Please provide a brief history of previous employment and qualifications below: | | | | | | | | | | | | | | | | |
| **EMPLOYMENT** | | | | | | | | | | | | | | | | |
| Name of Company: | | |  | | | | | | | | | | | | | |
| Role Undertaken: | | |  | | | | | | | | | | | | | |
| Time in the Role: | | |  | | | | | | | | | | | | | |
| Name of Company: | | |  | | | | | | | | | | | | | |
| Role Undertaken: | | |  | | | | | | | | | | | | | |
| Time in the Role: | | |  | | | | | | | | | | | | | |
| Name of Company: | | |  | | | | | | | | | | | | | |
| Role Undertaken: | | |  | | | | | | | | | | | | | |
| Time in the Role: | | |  | | | | | | | | | | | | | |
| **QUALIFICATIONS** *\*\*Copies of Certificates to also be attached with this “Registration of Interest”* | | | | | | | | | | | | | | | | |
| Qualification: | | |  | | | | | | | | | | | | | |
| Date Completed: | | |  | | | | Or Date Due to Complete: | | | | | | |  | | |
| Qualification: | | |  | | | | | | | | | | | | | |
| Date Completed: | | |  | | | | Or Date Due to Complete: | | | | | | |  | | |
| Qualification: | | |  | | | | | | | | | | | | | |
| Date Completed: | | |  | | | | Or Date Due to Complete: | | | | | | |  | | |
| CITIZENSHIP | | | | | | | | | | | | | | | | |
| Australian Citizen or Permanent Resident | | | | | Country of Birth: | | | |  | | | | | | | |
| A New Zealand passport holder who has been residing in Australia for 6 months or more | | | | | | | | | | | | | | | | |
| Other – Visa document number: | | | | | | | | | | | | | | | | |
| Do you speak a language other than English at home? | | | | | | | No Yes – please specify: | | | | | | | | | |
| WORK LOCATIONS | | | | | | | | | | | | | | | | |
| Please advise what locations you are willing to work (travel to) | | | |  | | | | | | | | | | | | |
| Do you have your own vehicle? | | | | No ❑ Yes ❑ | | | | | | | | | | | | |
| MEDICAL | | | | | | | | | | | | | | | | |
| Do you have a disability, impairment or long term condition? | | | | | | | | | | | | No ❑ Yes – fill below ❑ | | | | |
| Back/neck Hearing Blood Pressure Intellectual Chronic Illness Mental Illness Vision  Acquired Brain Impairment Heart Disease Diabetes Epilepsy Ankles/Knees Arms/Shoulders | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | |
| Have you any other pre-existing injuries or medical conditions (including industrial disease) that may be aggravated by performing the employment you are applying for? (Please see Position Description as supplied by the Company for more information) | | | | | | | | | | | | No ❑ Yes – fill below ❑ | | | | |
|  | | | | | | | | | | | | | | | | |
| Are you undertaking any medical treatment at present, including any medications short or long term? | | | | | | | | | | | | | | | No ❑ Yes ❑ | |
| Do you have any medical conditions that may affect your ability to perform? | | | | | | | | | | | | | | | No ❑ Yes ❑ | |
| Do you have any physical impairments which would prevent the wearing of personal protective equipment? | | | | | | | | | | | | | | | No ❑ Yes ❑ | |
| *\*We require these questions to be answered truthfully to be able to support you in your employment with Skill360. Skill360 is an equal opportunity employer.* | | | | | | | | | | | | | | | | |
| APPLICANT DECLARATION & PRIVACY AUTHORISATION | | | | | | | | | | | | | | | | |
| **By signing this declaration, you declare that the information contained in the Registration Form is true and correct.**  Skill360 Australia collects, discloses and uses the personal information requested in this registration form to carry out our internal administration and operations and to provide you with our services. If you do not provide the information requested in this registration form, we may not be able to process your application.  I have read and agree to the conditions of the:  You agree that Skill360 Australia may:  Use your personal information and disclose it to relevant entities including government agencies, prospective employers, or the education sector, as permitted by law;  Use your information for market or customer satisfaction research; and  Utilise your photograph for record keeping purposes, marketing or training material.  Our Privacy Policy sets out our policies on managing personal information. Following a request, we will provide you with access to personal information we hold about you in accordance with our obligations under the *Privacy Act 1988.* To request access to information, ask a question, or to get a copy of our Privacy Policy, please write to: [info@skill360.com.au](mailto:info@skill360.com.au) | | | | | | | | | | | | | | | | |
| **Signature:** |  | | | | | | | | | **Date:** | | |  | | | |

Please return this form (with a copy of your resume and any relevant Certificates to:

[info@skill360.com.au](mailto:info@skill360.com.au)

**Thank you!**