



**\*\* this section must be completed in order to determine eligibility**

<b>Have you successfully completed any Nationally Accredited Qualifications?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<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"/> Advanced Diploma		
<input type="checkbox"/> Associate Diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor Degree or higher		
<input type="checkbox"/> Trade Certificate	<input type="checkbox"/> Advanced Certificate/ Technician			
If you have ticked one of the above, please provide further detail:				
Year completed:		Name of Institute:		

**Employee Signature:** ..... **Date:** .....

**Citizenship** (Tick applicable box)

- Australian citizen or permanent resident
- A new Zealand passport holder who has been in Australia for six (6) months or more
- Other (please specify) .....

**Do you speak a language other than English at home?**

- No, English only
- Yes, Other (please specify) .....

**If yes, how well do you speak English?**     Assistance required  
 No assistance required

**Are you Aboriginal or Torres Straight Islander origin?**

- No
- Yes, Aboriginal
- Yes, Torres Straight Islander
- Yes, both Aboriginal and Torres Straight Islander

**Are you still attending secondary school?**     Yes     No

**At what level did you complete secondary school?**

- Year 8 or below (year completed ...../ ...../ .....)
- Year 9 or equivalent (year completed ...../ ...../ .....)
- Year 10 or equivalent (year completed ...../ ...../ .....)
- Year 11 or equivalent (year completed ...../ ...../ .....)
- Year 12 or equivalent (year completed ...../ ...../ .....)

**Disability, Impairment, Long-term Condition:** (Please indicate if any of the below listed apply to you)

- Medical condition     Learning difficulties     Vision     Hearing/ Deaf     Physical
- Intellectual     Mental Illness     Acquired brain impairment
- Other (please specify) .....

**Do you require assistance:**     Yes     No