

GLNG and Queensland Workforce Skilling Strategy

CONNECTING LOCAL PEOPLE TO LOCAL JOBS

GLNG and Queensland Workforce Skilling Strategy - Gladstone Keys to Careers Program

Name: _____

Address: _____

Phone No: _____ Mobile No: _____

Email: _____

Preferred Method of Contact: Phone SMS Email

Date of Birth: ____ / ____ / ____ Male Female

Drivers Licence: No Yes, Class: _____

Licences: Car Manual Automatic Motorbike Truck
 LR MR HR HC MR Forklift
 Crane Other: _____

Own Transport: Yes No, able to arrange transport: Yes No

Are you registered with a job services provider: Yes No

If yes, job seeker number: _____

Name of job service provider: _____

Have you previously been employed as an apprentice or trainee: Yes No

If Yes, please provide details: _____

Do you have any certificates, qualifications or tickets: Yes No

Current Inductions held: QAL NRG ORICA BSL
 GPC YARWUN 2 Other: _____

GLNG and Queensland Workforce Skilling Strategy

CONNECTING LOCAL PEOPLE TO LOCAL JOBS

Resume attached: Yes No To be provided To be done

Work Preference: (1) _____
(2) _____
(3) _____

Are you of Aboriginal or Torres Strait Islander descent and are accepted as such by the community in which you live or have lived?

Yes No

Are you re-entering the workforce?

Yes No

Do you identify yourself as a person with a disability?

Yes No

Does the disability restrict the type of work you can do?

Yes No

Which Traditional Owner Group do you identify with? _____

Privacy Act Acknowledgement

The information collected in this section is done so in accordance with the Information Privacy Principles and is required for the purposes of assessing eligibility and providing assistance through the Queensland Workforce Skilling Strategy - Gladstone which is funded through DEEWR and DETE.

I hereby give consent for GLNG, Nhulundu Health Services and Energy Skills Queensland to retain this form and the attached resume. I give consent that the information may be used by Energy Skills Queensland for the purposes of prospective employment and assistance under the Queensland Workforce Skilling Strategy - Gladstone. I understand that the nominated referees and Job Service Providers may be contacted with regard to respective employment.

I understand that this form and resume will be held for the duration of the project plus the required time frames necessary to satisfy departmental audit requirements.

Signature: _____ **Date:** _____

Please fill out and return to Nikki Richards, QWSS Project Coordinator via email nrichards@energyskillsqld.com.au

For more info about the GLNG and Queensland Workforce Skilling Strategy - Gladstone Keys to Careers Program, please contact Nikki Richards on 0448 010 793.