

Queensland Workforce Skilling Strategy

CONNECTING PEOPLE WITH JOBS

Program Expression of Interest Form

Name: _____ Date: _____

Address: _____

Phone No: _____

Email: _____

Referral from: _____

Are you registered with a job services provider: Yes No

Name of job service provider: _____

Job seeker ID number: _____ CRN: _____

Emergency contact name: _____ Relationship to you: _____

Contact number: _____ Alternative contact number: _____

Preferred Method of Contact: Phone SMS Email

Date of Birth: ____ / ____ / ____ Place 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

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

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Resume attached: Yes No To be provided To be done

Career preference: Drilling Trade Assistant Camp Operations Traffic Control

Please indicate your region:

Gladstone/ Bundaberg Wide Bay/ Moreton Bay Toowoomba/ Surat Basin

Please indicate your residency status:

- Australian Citizen
 Permanent resident applying for residency status
 Australia permanent resident
 Temporary Resident

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

If yes, what is your tribe/clan? _____

Are you from a non-English speaking background? 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

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.

I hereby give consent for 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.

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 audit requirements.

I give permission for Energy Skills Queensland to use images taken during the program.

By signing this form I understand and accept that images may be used on brochures, websites and/or signage produced for promotions by Energy Skills Queensland.

Signature: _____ **Date:** _____

Please fill out and return this form to Kaitlyn Yates (details below).

Phone: (07) 4972 5977

Email: qwssinfo@energyskillsqld.com.au