

APPRENTICESHIP APPLICATION

The questions on this form are designed to select the best person for the position. You are invited to provide all information you think is relevant. All information will be treated in the strictest confidence, and no reference to third parties will be made without your agreement.

Preferred Title:	MR / MRS / MISS / MS	Date of Birth:	
Surname:	_____	Given Names:	_____
Address:	_____		
		Postcode:	_____
Private Number:	Phone H) (area code) _____ / _____	Mobile:	_____
Notify in Case of Emergency:			
Name:	_____		
	Phone Number: H) (area code) _____ / _____	Mobile:	_____
Do you have any medical history or physical condition, which may affect your performance in this position? YES <input type="radio"/> NO <input type="radio"/>			
If YES , give details: _____			

LEVEL OF EDUCATION:
Do you currently attend school? YES <input type="radio"/> NO <input type="radio"/>
If YES , which school? _____
At the end of this year what will be your highest year level completed?
Yr 10 <input type="radio"/> Yr 11 <input type="radio"/> Yr 12 <input type="radio"/> Other <input type="radio"/> Please state: _____
If NO , in what year did you finish school and what was your highest year level completed? _____
Please attach a photocopy of School Results for your second last and last year at school, including any vocational courses attended.

WORK EXPERIENCE RECORD:				
Company	From	To	No. of Days	Duties

CASUAL / PART TIME / FULL TIME - WORK RECORD:				
Company	From	To	No. of Days	Duties

If you require additional space please attach separate page/s.

SPECIAL NEEDS:

Are you likely to require special assistance as an apprentice (eg. Mobility)? **YES** **NO**

If **YES**, give details: _____

CITIZENSHIP AND RESIDENCY STATUS:

(note: If you were not born in Australia or New Zealand, you must provide evidence of permanent residency or citizenship).

Please select the appropriate box to indicate citizenship and residency status:

Australian Citizen New Zealand Citizen Australian Permanent Resident

If you were not born in Australia, please list country of birth and enter year of arrival in Australia.

Country of Birth: _____ Year of Arrival: _____

IF YOU ARE UNDER THE AGE OF 18, THE FOLLOWING DETAILS ARE REQUIRED:**PARENT/GUARDIAN**

Surname: _____ Given Names: _____

Address: _____ Suburb: _____

Post Code: _____ Home Tel: _____ Mobile Tel: _____

Work Tel: _____ E-Mail: _____

Occupation: _____ Parent / Guardian Signature: _____

TRADE / LOCATION PREFERENCE:

M/E **HRT** **MF** **AE** **F&T**

Please circle Preferred Site:

Victoria: Clayton Laverton Horsham Mildura

 Traralgon Swan Hill Wodonga

Tasmania: Burnie Launceston Hobart.

Legend:

M/E = Cert. iii Automotive – Mobile Equipment (Earthmoving)

HRT = Cert. iii Automotive – Heavy Road Transport (Trucks)

MF = Metal Fabrication (Boilermaker)

AE = Auto Electrician

F&T = Fitter & Turner

Date : _____ **Signature of Applicant:** _____

Please complete and return to:

Training and Development Co-ordinator
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