



Application Form

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1. Please read carefully & answer all questions
2. Please circle answer when required
3. Ensure you sign & date the last page of this form
4. If you are looking for an Apprenticeship or Traineeship, you may be eligible for a Health Care Card. Please make an appointment with Centrelink to assess your eligibility.

Job Number _____

Position _____

Family Name _____ Given Name _____

Telephone _____ Mobile Number _____

Gender Female Male Date of Birth ____ / ____ / ____ Age _____

TRANSPORTATION DETAILS

Do you have a Drivers Licence? Yes No Do you have your own transport? Yes No

What is your highest completed school level?

Year 12 Year 11 Year 10 Year 9 Other _____ What year did you complete? _____

Are you still attending Secondary School? Yes No

IT IS IMPORTANT THAT THE FOLLOWING QUESTIONS ARE ANSWERED IN DETAIL.

What do you believe are the key roles of this position?



Why are you interested in this position?

What skills do you have that would make you suitable for this position?

What previous work experience / history do you bring to this position?

What is important to you in a position?

What are your career plans?



REQUIREMENT OF EMPLOYEE TO DISCLOSE PRE-EXISTING INJURIES

SMGT is committed to providing a safe working environment for all employees. As part of this, it is our objective to ensure that employees are not required to work duties that they are not able to perform safely. Please read the Position Description carefully & discuss any queries that you may have prior to formally applying for employment with SMGT.

Pursuant to S.82 (7) & (8) of the Accident Compensation Act, 1998, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment referred to above.

We advise that a failure to make a disclosure, or the making of false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act 1985, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of or due to the nature employment with SMGT. Sunraysia & Murray Group Training will rely upon failure to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation in accordance with S.82 (7) and (8).

Do you have any pre-existing injuries or diseases that could be affected by the nature of your proposed employment with Sunraysia & Murray Group Training? **Yes** **No**

Confidential Interview Requested **Yes** **No**

If Yes, provide details below:

COLLECTION STATEMENT

Use & Disclosure

Personal information is collected for the purpose of

- Assessing your suitability for employment
- Putting your details onto the SMGT Job Seeker Database

SMGT may disclose this information to

- Prospective Employers
- Our Insurers
- Government & statutory departments as required
- All other reasonable parties that will assist us to place you in appropriate employment

What happens if you choose not to provide the information

You are not obliged to give us your personal information. However, if you choose not to provide SMGT with all or parts of the personal information that we request, we may not be able to provide a full range of services.

Authorisation

By signing this form, you agree that SMGT may collect personal information about you in order to conduct our business & also meet our statutory reporting requirements.

Signature: _____ **Date:** _____ / _____ / _____