

# Apprentice and Trainee Registration File Template



MALE/FEMALE (please circle) SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you have: Birth certificate YES NO Photo Identification: YES NO

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Education / Training

Highest School Level Completed:  Grade 10 or less  Grade 11  Grade 12

What year did you finish school? \_\_\_\_\_ Where did / do you go to school: \_\_\_\_\_

Have you completed any other certificates / courses: YES NO if yes: \_\_\_\_\_

### Transportation / Drivers Licence

Current Drivers Licence?  Yes  No If yes, please specify type (i.e. learners or P plates) \_\_\_\_\_

Own Transport? Yes  No

\* if you have a current drivers licence or proof of identity kindly bring these to the KGT office to be copied and included in your personnel file.

### Job / Career Information (Please include a copy of your resume)

Employer & Position Held	Commencement date	Completion date
1. _____		
2. _____		

List two types of work you are interested in (e.g. building / office / tourism etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

### Other

	Yes	No		Yes	No
Are you Aboriginal or Torres Strait Islander? If yes, what is your language group?			Do you agree to obtaining a Police Clearance or Working with Children check as required?		
Are you registered with a Job Active (JA) or RJCP Provider?			Do you agree to undertake drug/alcohol testing if required?		
If yes, please specify which JA/RJCP you are assigned with (e.g. EKJP, Kimberley Employment Services, etc)			Are you willing to work away from home?		
Do you have any medical conditions we need to be aware of:			Do you have a disability we need to be aware of		
If yes, please specify			If yes, please specify		

I agree to have my photo taken strictly for identification purposes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION: The information contained in this application is covered by the privacy act

To assist KGT further, we are eager to find out how you heard about us (please, tick all that apply):

TV  Radio  Newspaper  Internet   
 Friend  Family  JSA  School   
 Employer  Facebook  Other  please specify \_\_\_\_\_

Once completed, please submit this form to [reception@kgt.org.au](mailto:reception@kgt.org.au) or fax it to; 9168 3810 (KNX) or 9192 8811 (Broome)