

# Apprentice and Trainee Registration File Template



**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**MALE**   **FEMALE**   (please circle)   **Date of Birth:** \_\_\_\_\_

**Do you have:**   **Birth certificate**    YES    NO   **Photo Identification:**    YES    NO

**Are you an Aboriginal or Torres Strait Islander?**    YES    NO

**Are you registered with a Job Active or CDP Provider?**    YES    NO

**If YES, what is the name of the JA/CDP Provider?** \_\_\_\_\_

**Residential Address:**

**Street** \_\_\_\_\_ **Town/Community** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Postal Address:**

**PO Box No** \_\_\_\_\_ **Town/Community** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**List two types of work that you are interested in (e.g. building / office / hospitality)**

**Do you have a current Resume?**    YES    NO   **Resume attached?**    YES    NO

**I declare that the information I have given is true and correct**

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

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 (Kununurra) or 9192 8811 (Broome)**