

BARRANGIRRA EMPLOYMENT AND MENTORING PROGRAM CLIENT REGISTRATION REFERRAL FORM



Registration Date				Program Manager	Darren Wright		
CLIENT PERSONAL DETAILS							
Are you an Aboriginal or Torres Strait Islander?				No	Yes, Aboriginal	Yes, Torres Strait Islander	
Title	Mr	Mrs	Miss	Ms	Dr		
	Prof	Father	Reverend	Brother	Sister		
First Name				Last Name			
Gender	Male	Female	Date of Birth				
Address							
Suburb	State		Postcode				
Telephone (Work)	Telephone (Home)						
Mobile							
Email Address							
CLIENT DETAILS							
Jobs Active Client	Yes	No					
Referral <i>(How was the Client told about the service?)</i>	Centrelink		Brochure	Barrangirra/ABAI Officer			
	Job Network		Friend	Other			
EMPLOYMENT HISTORY (Most current employment history)							
Employer							
Position Title	Length of Employment						
Duties & Skills							
Employer							
Position Title	Length of Employment						
Duties & Skills							

Resume available and attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments					

OTHER DETAILS

NSW Drivers Licence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Expiry Date	<input type="text"/>	Class	<input type="text"/>
Do you have access to public transport?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Do you have transport?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
How good is your reading or writing skills?	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Good	<input type="checkbox"/>	Not at All
What level are your computer skills?	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Good	<input type="checkbox"/>	Not at All
Have you had any legal limitations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

Please note:

It can be an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in employment in certain industries, e.g. child related, security. Please ensure client that you do not need details of the offence, just need to know if the offence would jeopardise their chances of employment.

TRAINING DETAILS

What is the highest completed school level ?	<input type="checkbox"/>	Year 12 or Equivalent	<input type="checkbox"/>	Year 11 or Equivalent	<input type="checkbox"/>	Year 10 or Equivalent
	<input type="checkbox"/>	Year 12 or Equivalent	<input type="checkbox"/>	Year 11 or Equivalent	<input type="checkbox"/>	Year 10 or Equivalent
In which year did you complete the above school level?		<input type="text"/>				

Have you successfully completed any of the following qualifications?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, then select any applicable boxes:	<input type="checkbox"/>	Bachelor Degree/Higher Degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)		
	<input type="checkbox"/>	Advanced Diploma/Associate Degree	<input type="checkbox"/>	Certificate II		
	<input type="checkbox"/>	Diploma (or Associate Degree)	<input type="checkbox"/>	Certificate I		
	<input type="checkbox"/>	Certificate IV (or Advanced/Technician Certificate)	<input type="checkbox"/>	Certificate other than the above		

What Certificates have you Completed:

--

Other Licences/Experience:

--

INDUSTRIES INTERESTED IN

What sort of work/industry are you interested in?

AEA Recommendation:

BARRANGGIRRA CLIENTS ACCEPTANCE OF REGISTRATION TO PROGRAM

This registration form is an agreement between you and the Barranggirra Employment and Mentoring Program and the NSW Government.

Please read it carefully and sign the bottom if in agreement.

You will give permission for the Barranggirra Employment and Mentoring Program Manager and program to exchange information needed to assist them in providing business advisory support services

The program would like to be able to use your non-confidential details and/or photographs for any publicity purposes pertaining to small business employment, vocational education and training and Departmental programs.

Your photo(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes.

You will not be consulted about the specific context in which your photo(s) and/or words appear.

The NSW Government thanks you for your cooperation.

Note: To be able to sign this release form, you must be over 18 years of age. If you are not 18, we will need the written agreement of your parents or legal guardian before we can use this material.

Yes, I have read this release and understand its meaning. I am over 18 years of age.

Barranggirra Client Name		Date	
Parent/Guardian Signature		Date	
Parent/Guardian Name			
Address			
Phone		Email Address	

OFFICE USE ONLY

Entered on Database		Yes		No	Date Entered		
Entered by:							
Signature:							