



**UNGOOROO**  
ABORIGINAL CORPORATION

# Barrangirra Employment and Mentoring Program

Hunter / North Coast & Mid North Coast



## BARRANGIRRA CLIENT REGISTRATION & REFERRAL FORM

Registration Date:		Barrangirra Mentor	
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### CLIENT PERSONAL DETAILS

Are you an Aboriginal or Torres Strait Islander?	No	Yes, Aboriginal	Yes, Torres Strait Islander
Title:	Mr	Mrs	Miss
	Prof	Father	Reverend
Ms	Brother	Sister	Dr
First Name:			Last Name:
Gender:	Male	Female	Date of Birth:
Address:			
City/Suburb:		State:	Postcode:
Telephone Work:	Telephone Home:	Mobile:	
Email Address:			

### CLIENT DETAILS

Job Active Client:	Yes	No
Referral: <small>(How was the Client told about the service?)</small>	Centrelink	Brochure
	Job Network	Friend
		NCAP/AEDO Officer
		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 & attached:	Yes	No	

Comments:			
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## 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 your own 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 9 or equivalent	<input type="checkbox"/> Year 8 or equivalent	<input type="checkbox"/> Never attended school
In which year did you complete the above school level:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Licences/ Experience:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## INDUSTRIES INTERESTED IN

What sort of work/ industry are you interested in?	<input type="text"/>
Mentor Recommendation:	<input type="text"/>



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## BARRANGIRRA CLIENT'S ACCEPTANCE OF REGISTRATION TO PROGRAM

This registration form is an agreement between you and the **BARRANGIRRA** program and the NSW Department of Education. Please read it carefully and sign the bottom if in agreement.

You will give permission for the **BARRANGIRRA** 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 Department of Education 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.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian to complete the following section if the NCAP Client is not over 18 years of age.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### OFFICE USE ONLY

Entered on Database:  Yes  No Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

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