



“complies with the National Standards for GTOs”

REGISTRATION FORM Employee Application for Employment

Note:

All information given on this form will remain confidential in accordance with the privacy Amendment (Private Sector) Act 2000 and the National Principles (NPP’s) which are set out in the Act.

Family name _____ Given Names _____

Address _____ Town _____ Post Code _____

Telephone Home _____ Mobile _____

Date of Birth ____/____/____ (Not compulsory)

Are you legally able to work in Australia Yes No

Are you registered with Centerlink Yes No

Are you registered with a Job Network Provider Yes No

If yes please name provider: _____ Job Search ID No _____

Medical History, Health & Fitness:

Pursuant to S.82 (7) & (8) of the Accident Compensation Act which came into effect on 29 June 1998, you are required to disclose to a prospective employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably expect to foresee could be affected by the nature of proposed employment being applied for.

Do you know of any medical reason why, if appointed, you would be unable to carry out the full requirements of any position applied for? If so please give details.

Are there any reasonable action this employer could take to accommodate the issues outlined above, so that you would be able to safely perform the job?

We advise that failure to make a disclosure, making a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act should you suffer any recurrence, aggravation, acceleration exacerbation or deterioration of a pre-existing injury or disease arising from the course of or due to the nature of employment with or through Victorian Group Training Co Ltd. Indeed, Our Company will rely on any failure

ABN 33 112 231 866

to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation in accordance with S.82 (7) & (8)

I consent to any reference checks that may be necessary to support this application

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information, and that submitted in any accompany document(s), is correct.

Signature _____ **Date** ____/____/____

Position Applied For (If applicable) _____

Where did you hear about the position you're applying for (if applicable):

Please circle:

Facebook

Radio

Newspaper

Word of mouth

Other: _____

Please attach a copy of your current resume – (application not accepted without resume)