

PERSONAL DETAILS

Given Name(s): _____ Surname: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____ Date of Birth: _____

CITIZENSHIP (Tick applicable box)

Australian Citizen or Permanent Resident: YES NO
(Copy of Australian Passport, Birth Certificate or Documentation from the Immigration Department)

New Zealand Passport Holder who has been in Australia for 6 months or more: YES NO
(Copy of Passport)

Other: Visa Document Number: _____ YES NO
(Copy of Visa)

Are you of Aboriginal or Torres Strait Islander Origin? YES, Aboriginal/TSI

In which Country were you born? Australia

Other: (Please Specify): _____

LICENCES (Drivers Licence, Elevated Work Platform (EWP), Forklift etc)

Current Drivers Licence? YES NO Drivers Licence Class: _____

Own Transport? YES NO Mode of Transport: _____

EWP: YES NO

Forklift: YES NO

NOTE: A current Drivers Licence and own transport is highly desirable. Applicants without a Licence or transport will still be considered.

HOW DID YOU FIND OUT ABOUT EGT APPRENTICESHIPS?

Newspaper Website Family/Friend Other: _____

Why do you want an EGT Apprenticeship?

PRIOR TRAINING AND QUALIFICATIONS

Please indicate any qualifications you have, where you have **completed** all requirements of the course(s).

Other Qualification(s)	Level of Qualification (Circle) (C=Certificate Level)			
_____	CI	CII	CIII	CIV
_____	CI	CII	CIII	CIV
_____	CI	CII	CIII	CIV
_____	CI	CII	CIII	CIV

NOTE: Certified true copies of your Certificate(s) and Academic Statements are required.

SECONDARY EDUCATION

Are you still attending High School? YES NO

Highest year level **completed**? Year 10 Year 11 Year 12

Which year did you complete that level? _____

Due to the Governments increase in the school leaving age, if you are born in or after 1990, you will require a letter of “**Authority for Release from School**” before you commence employment with EGT.

Applicants will be required to contact their Career Counsellor to arrange this letter prior to Induction with EGT. Applicants who do not have authority to be released from school cannot be registered into employment with EGT.

School Leaving Age: _____

Please provide your Curriculum Council ID Number (if applicable): _____

Were you born in or after 1990? YES NO

If yes, what is your current year? _____

School Name: _____

EGT APPRENTICESHIP APPLICATION FORM

SECONDARY EDUCATION Continued

Please indicate if you have completed any of the following units throughout your secondary education and specify the grade achieved. If your subjects are not relevant to the recent curriculum below please ensure academic records are attached.

YEAR 10			YEAR 11		YEAR 12	
Unit	Level	Final Grade	Unit	Final Grade	Unit	Final Grade
Maths			Vocation Maths		Vocation Maths	
			Maths in Practice		Modelling with Maths	
			Foundation Maths		Discrete Maths	
			Geometry & Trig		Applicable Maths	
			Intro to Calculus		Calculus	

English			Vocation English		Vocation English	
			Senior English		Senior English	
			English		English	

Science			Senior Science		Senior Science	
			Chemistry		Chemistry	
			Physics		Physics	

Other			Applied Technology		Applied Technology	
			Building & Construction		Building & Construction	
			Metals Technology		Metals Technology	
			Systems Technology		Systems Technology	
			Technical Graphics		Technical Graphics	

PRE-APPRENTICESHIP

(Certificate I or II in Electrotechnology)

YES

NO

CET / TAFE WA / RTO attended: _____

Completion Date: _____

CURRENT EMPLOYMENT

Company Name: _____

Address _____

Position Held: _____ Date Commenced: _____

Description of Duties: _____

PREVIOUS EMPLOYMENT

1. Company Name: _____ Supervisor: _____
Address: _____
Phone: _____ Period Employed: _____
Position Held: _____ Reason for Leaving: _____
Description of Duties: _____

2. Company Name: _____ Supervisor: _____
Address: _____
Phone: _____ Period Employed: _____
Position Held: _____ Reason for Leaving: _____
Description of Duties: _____

RELEVANT ELECTRICAL WORK EXPERIENCE

1. Company Name: _____ Supervisor: _____
Phone: _____ Total Number of Days: _____
Date of Work Experience: _____
Description of Duties: _____

2. Company Name: _____ Supervisor: _____
Phone: _____ Total Number of Days: _____
Date of Work Experience: _____
Description of Duties: _____

MEDICAL HISTORY AND DISCLOSURE

EGT maintains a duty of care to ensure apprentices meet their Occupational Safety and Health obligations and can undertake the obligations and duties involved in the trade in a safe and healthy manner at all times.

An apprenticeship involves physical duties including:

- Repetitive bending
- Working in confined spaces
- Heavy lifting
- Working with hazardous chemicals
- Standing for long periods of time
- Working with hand & electrical power tools
- Working at heights
- A high degree of manual and physical dexterity

Do you have a disability, injury, or physical ailment that may prevent or influence your ability to undertake these types of duties?

YES NO

If yes, please give details _____

Have you ever had a Worker's Compensation Claim?

YES NO

If yes, please give details of the nature of the claim (i.e. date, injury): _____

Do you suffer from any of the following?

YES NO

- Back Injury
- Shoulder Injury
- Knee injury
- Neck Injury

Other (Please Specify): _____

Have you ever suffered a sporting injury?

YES NO

Please give details: _____

Have you ever been involved in car accident?

YES NO

Please give details: _____

Do you or have you suffered from any of the following?

YES NO

- Epilepsy
 - Skin Conditions
 - Asthma
- Diabetes
 - Anxiety/Depression
 - Allergies: _____

Do you have any ongoing medical or psychological condition that requires regular visits to the doctor?

YES NO

Are you taking any form of medication?

YES NO

Please give details: _____

CONSTRUCTION INDUCTION or SAFETY AWARENESS TRAINING (Bluecard or Whitecard)

Have you completed a Construction Induction or Safety Awareness Training course?

YES NO

If Yes, please provide the Card Number and Date Issued as indicated on the front of the card:

Card Number: _____ Date Issued: _____

NATIONAL POLICE CERTIFICATE

Many apprentices may work on jobs that involve working in people homes or working on projects which require a National Police Certificate.

Do you have any Current charges?

YES NO

Do you have any pending charges against your name to disclose?

YES NO

If Yes, contact the Recruitment Officer at EGT to discuss your situation. You may be asked to disclose and verify details of any offence so EGT can determine if this will affect your ability to meet the requirements of your apprenticeship.

Details: _____

DRUG AND ALCOHOL

To maintain the safety of apprentices and other people in the workplace, EGT will request a drug and alcohol screen prior to commencement of employment and at anytime during your apprenticeship. This is in accordance with EGT's Drug and Alcohol Policy.

Do you consent to participate in, or provide a drug and alcohol screen when requested by EGT?

YES NO

NOTE: Applicants who do not consent to, or do not pass a Drug and Alcohol screen will not be considered for an apprenticeship position.

COLOUR VISION

Applicant is required to provide evidence that they have undergone colour vision testing.

PRE-ARRANGED PLACEMENT WITH AN ELECTRICAL CONTRACTOR?

YES NO

Company Name and Contact: _____

Electrical Contractors Number: **EC00** _____ Contact Number (Business Hours): _____

Appendix 1 Signed (Office Use Only): _____



EGT APPRENTICESHIP APPLICATION FORM

REFEREES

Please nominate two Referees that we may contact. One must be your most recent employer. Please notify these referees that EGT may be in contact with them.

1. Name: _____ Position: _____

Company: _____ Phone Number: _____

2. Name: _____ Position: _____

Company: _____ Phone Number: _____

PARENT/GUARDIAN CONTACT DETAILS

If you are under the age of 18 please provide a parent or guardian contact name and number.

Name: _____ Phone Number: _____

Relationship to Applicant: _____

EGT PRIVACY POLICY

We have collected your information in order to assess your application for a position with Electrical Group Training Ltd. If you are unsuccessful your information will be disposed of.

We will not disclose your personal information to a third party without your consent. We usually disclose this information to external providers (Government Agencies).

You may access personal information we hold about you if you are unsuccessful for the position. This will be subject to the *Privacy Act 1988*, to satisfy NPP10-1(d).

Please note that your information will only be held for three (3) months from the date of receipt.

If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to us and why, and the relevant matter in this notice.

DECLARATION

- I confirm that the information given in this form is true and correct.
- I am aware that by signing this application, I am agreeing to comply with EGT's requirements to participate in a medical screen by a doctor of EGT's choice if required, and that I am required to disclose any medical information that may influence my ability to meet the requirements of an apprenticeship position.
- I consent to Electrical Group Training Ltd contacting my referees and using, disclosing and storing the information obtained from my referees to assess my suitability for employment with EGT.

Signature: _____ Date: _____

Electrical Group Training Ltd

Street Address:
Unit 18-20,
199 Balcatta Road
BALCATT A WA 6021

Postal Address:
PO Box 782
BALCATT A WA 6914

Tel: (08) 9240 4877
Fax: (08) 9240 4866

CHECKLIST

Your Application will not be considered if you have not provided the relevant Certificates and Documents listed below.

	Applicant's Checklist Copies Attached	Office Use Only
CITIZENSHIP (At least one of the following is to be provided)		
Australian Citizen (Passport or Birth Certificate):	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident:	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand Passport:	<input type="checkbox"/>	<input type="checkbox"/>
Other (Visa Documents etc):	<input type="checkbox"/>	<input type="checkbox"/>
LICENCES (If applicable)		
Drivers Licence:	<input type="checkbox"/>	<input type="checkbox"/>
Other Licences: EWP:	<input type="checkbox"/>	<input type="checkbox"/>
Forklift:	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR TRAINING & QUALIFICATIONS (If applicable)		
Certificates:	<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY EDUCATION		
Academic Statements: Year 10	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>
Authority for Release from School Letter: (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
PRE-APPRENTICESHIP – Certificate I or II in Electrotechnology		
Academic Statements:	<input type="checkbox"/>	<input type="checkbox"/>
Construction Safety Awareness Training Card:	<input type="checkbox"/>	<input type="checkbox"/>
National Police Certificate:	<input type="checkbox"/>	<input type="checkbox"/>
Colour Vision:	<input type="checkbox"/>	<input type="checkbox"/>
PRE-ARRANGED PLACEMENT - with an EC (If applicable)		
Appendix 1:		<input type="checkbox"/>

Approvals:

Date Created:	August 2009
Version Number:	2009-03
This version was approved by the:	General Manager on 4/09/09
Review Date:	August 2010
Document/process owner:	Operations Manager
Relevant references:	Equal Employment Opportunity & Anti-harassment Policy; EGT Recruitment Policy; Colour Vision Policy; EGT Recruitment Process; Police Certificate Guidelines