

F103 – Application Form: Rural Traineeship



Issued: 15/03/2012 | Version: 8 | Revision Due: July | Page 1 of 4

NOTE: This form will not be processed unless completed correctly and signed

Please return completed form to:

PO Box 366
Charters Towers Q 4820

or 131 Gill St
Charters Towers Q 4820

APPLICATION DETAILS

I am applying for: *(please tick box)*

Full Time Traineeship
 Certificate II Certificate III

School Based Traineeship
 Certificate II Certificate III

PERSONAL DETAILS

Surname: Miss / Mrs / Mr _____

Given Names: _____

Name of school currently attending: _____

Date of Birth: _____ / _____ / _____ Male Female

Address: _____

Postcode: _____

Phone: Home (_____) _____ Work (_____) _____

Email Address: _____

Next of Kin: _____

Relationship: _____ **Phone:** (_____) _____

LUI Number (School-Based traineeships only): _____

Are you of Aboriginal or Torres Strait Islander Origin? No Yes, Aboriginal Yes, Torres Strait Islander

Are you an Australian Citizen? Yes No

How did you hear about RITE? *(please tick)*

SCHOOL

NEWSPAPER – Specify _____

JOB NETWORK

WORD OF MOUTH

OTHER – Specify _____

Applicant:

Please Attach Photo Here

OPTIONAL

OFFICE USE	
	Date Received: _____ / _____ / _____
Interview: _____	
Result: _____	
Comments: _____	

PARENT / GUARDIAN DETAILS (if under 18 years of age)	
Father's Name: _____	Occupation: _____
Phone: Daytime (_____) _____	After Hours (_____) _____
Address: _____	Postcode: _____
Mother's Name: _____	Occupation: _____
Phone: Daytime (_____) _____	After Hours (_____) _____
Address: _____	Postcode: _____

HEALTH DETAILS (please tick the appropriate box/es)					
<i>When we place people for employment we consider workplace health and safety. Your responses will not affect your chances of employment but will allow RITE to consider your welfare.</i>					
Have you had &/or do you suffer from any of the following:					
	YES	NO		YES	NO
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	HEART COMPLAINT	<input type="checkbox"/>	<input type="checkbox"/>
BRONCHITIS	<input type="checkbox"/>	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
DERMATITIS	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
ANY ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>	HEARING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>
BACK PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	EYE SIGHT PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>
SPEECH PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU ON ANY MEDICATION? (please specify)					
DESCRIBE ANY PAST INJURIES: (ie: broken arm)					

EMPLOYMENT HISTORY (if applicable)			
<i>List details of all full time, part time, and/or casual work experience undertaken for the past three years.</i>			
NAME OF EMPLOYER	Period of Employment		WORK PERFORMED
	From	To	

EMPLOYER REFEREES	
<i>Attach copies of references – if available</i>	
NAME AND ADDRESS	PHONE NUMBER

EDUCATION DETAILS			
What is the highest grade you have completed? _____ e.g. Grade 10			
What year did you complete this grade? _____			
Name of School: _____			
LUI Number: _____			
<i>Please enter the results of the grade you completed last and attach a copy of your last school report.</i>			
SUBJECT	Results	SUBJECT	Results

FURTHER EDUCATION, TRAINING AND QUALIFICATIONS	
<i>Please indicate further education undertaken or completed e.g. college or university courses, vocational or trade courses or hobby courses; qualifications or statement of attainments</i>	
COURSE / INSTITUTION	DATE

SKILLS INVENTORY			
<p>Please indicate your ability and/or qualifications to perform any of the following tasks. Your answers to the following questions will in no way hinder your application for a traineeship.</p>			
TASK	YES	NO	Please circle to indicate experience
Can you ride a motorbike?			Station Town Rural
Can you ride a horse?			Station Social
Have you any previous experience with chemicals?			Trained Self taught
Have you any fencing experience?			Rural Other
Can you weld? - Oxy - Arc			Trained Self taught
Do you have experience with animal husbandry?			Pastoral Agricultural
Have you any experience monitoring water supplies?			Rural Property supply
Have you knowledge of property maintenance and structures: - Repairs & Maintenance to buildings - Plant & Machinery - Motor vehicles / bikes			Trained Self taught
Have you rural / farm experience? - Feed shed /Stockyards			
Are you trained in First Aid?			Nurse Certificate
Do you hold any licenses? - Car - Motorbike - Semi &/or truck - Tractor - Other:			No. Expiry Date

OTHER INFORMATION

Have you committed any criminal offence? No Yes

PLEASE STATE WHY YOU HAVE APPLIED FOR THE POSITION:

Statement by the Applicant: *I hereby declare that the information in this application is true and correct.*

Applicant Signature: _____ **Date:** / /