

F103 – Application Form: Rural Traineeship



Issued: 10/3/05 | Version: 1 | Revision Due: July | Page 1 of 5

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: <i>(please tick box)</i>	
<input type="checkbox"/> Full Time Traineeship <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III	<input type="checkbox"/> School Based Traineeship <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III

PERSONAL DETAILS	
Surname: Miss / Mrs / Mr _____	
Given Names: _____	
Name of school currently attending: _____	
Date of Birth: ____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	
Postcode: _____	
Phone: Home (____) _____ Work (____) _____	
Next of Kin: _____	
Relationship: _____ Phone: (____) _____	
How did you hear about RITE? <i>(please tick)</i>	<input type="checkbox"/> SCHOOL <input type="checkbox"/> NEWSPAPER – Specify _____ <input type="checkbox"/> JOB NETWORK <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> OTHER – Specify _____

Applicant:
Please Attach Photo Here
OPTIONAL



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

PARENT / GUARIAN 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)					
.....					



WORKERS COMPENSATION HISTORY (if applicable)				
<i>Your responses will not affect your chances of employment but will allow RITE to assess your current workers compensation situation.</i>				
List prior claim/s lodged (incl. name of employer)	Date of injury	Date returned to work	Nature of injury (please state fully)	Symptoms / recurring problems (please state fully)
<p>I authorise the Health Insurance Authority in(state) to disclose details of any previous claims made by me to RITE.</p> <p>Applicant Signature: Date: / /</p>				

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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: _____			
<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 AND TRAINING	
<i>Please indicate further education undertaken e.g. college or university courses, vocational or trade courses or hobby courses</i>	
COURSE / INSTITUTION	DATE



SKILLS INVENTORY

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 employment.

TASK	YES	NO	Please circle to indicate experience		
Can you ride a motorbike?			Station	Town	Rural
Can you ride a horse?			Social	Work	
Can you shoe a horse?			Trained	Self taught	
Can you break-in a horse?			Trained	Station	
Do you have experience with cattle husbandry?			Pastoral	Agricultural	
Can you weld? - Oxy			Trained	Self taught	
- Arc			Trained	Self taught	
Have you had fencing experience			Station	Other	
Have you knowledge of mechanical repairs?					
- Plant / machinery			Trained	Self taught	
- Motor vehicles			Trained	Self taught	
- Motorbikes			Trained	Self taught	
Have you bore / windmill maintenance experience?			Station		
Have you farm / feedlot experience?					
- Feed shed					
- Stock yard					
Are you trained in First Aid?			Nurse	Certificate	
Do you hold any licences?			No.	Expiry Date	
- Car					
- Motorbike					
- Semi &/or truck					
- Tractor					
- Other:					

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:** / /