

## Candidate Registration Form

Have you had your Covid Vaccination:  YES  NO If yes please provide a copy of Vaccination Certificate or Health Record

**PLEASE NOTE IF YOU HAVE NOT BEEN VACCINATED, KGT MAY NOT BE ABLE TO ASSIST YOU**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  MALE  FEMALE

Date of Birth: \_\_\_\_\_ Do you have: Birth certificate:  YES  NO Photo Identification:  YES  NO

Street Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

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

Next of Kin: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a Resume:  YES  NO Is your Resume up to date:  YES  NO Copy of Resume attached:  YES  NO

### Education / Training

Highest School Level Completed:  Grade 10 or less  Grade 11  Grade 12 What year did you finish school: \_\_\_\_\_

Where did / do you go to school: \_\_\_\_\_

Have you completed any other certificates / courses:  YES  NO if yes: \_\_\_\_\_

**List two types of work you are interested in (e.g. building / office / tourism etc.):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Transportation / Drivers Licence

**Current Drivers Licence?**  Yes  No If yes, please specify type (i.e. learners or P plates) \_\_\_\_\_

**Own Transport?**  Yes  No Drivers Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*\* if you have a current driver's licence or proof of identity, kindly bring these to the KGT office to be copied and included in your personnel file.*

Other					
	Yes	No		Yes	No
Are you Aboriginal or Torres Strait Islander?			Are you registered with a Job Active (JA) or CDP Provider?		
Please state Language Group:			Which JA/CDP are you assigned with (e.g. EKJP, Kimberley Employment Services, etc)		
Are you willing to work away from home?					
Do you agree to undertake drug/alcohol testing if required?			Do you agree to obtaining a Police Clearance or Working with Children check as required?		
Do you have any medical conditions we need to be aware of?			Do you have a disability we need to be aware of?		
If yes, please specify:			If yes, please specify:		

### Do you have a current:

Tax File Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Superannuation Fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Police Clearance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Working With Children Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

### DECLARATION: The information contained in this application is covered by the privacy act

To assist KGT further, we are eager to find out how you heard about us (please, tick all that apply):

- |                                   |                                   |  |                                   |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> TV       | <input type="checkbox"/> Radio    | <input type="checkbox"/> Newspaper                   | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Friend   | <input type="checkbox"/> Family   | <input type="checkbox"/> JSA                         | <input type="checkbox"/> School   |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Facebook | <input type="checkbox"/> Other please specify: _____ |                                   |

### Once completed, please submit this form to [reception@kgt.org.au](mailto:reception@kgt.org.au)

<input type="checkbox"/> Labour Hire	<input type="checkbox"/> School Based Trainee	<input type="checkbox"/> Apprentice/Trainee	<input type="checkbox"/> VTEC Candidate
--------------------------------------	---	---	---