

## PARTICIPANT REGISTRATION FORM

The information you provide will remain confidential, and used solely for program implementation, monitoring and evaluating purposes.

|   |  |
|---|--|
| <b>First Name:</b>  | <b>Last Name:</b>  |
| <b>Address:</b>   |  |
| <b>Suburb:</b>  | <b>Postcode:</b>   |
| <b>E-mail:</b>  |  |
| <b>Contact Phone Number:</b>  | <b>Mobile:</b>   |
| <b>Date of Birth:</b> /        /  | <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| <b>Job Seeker Number (if applicable):</b>   | <b>USI (Unique Student Identification) Number:</b>                           |
| <b>Do you identify yourself as having a disability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>(includes any limitation, restriction or impairment which restricts everyday activities)</i> |  |
| <b>Are you currently at school?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>(Please note school students are not eligible for program)</i>   |  |

### Employment Details

|  |
|--|
| <p><b>Are you currently employed? If yes, please indicate employment type below:</b></p> <p><input type="checkbox"/> Full time    <input type="checkbox"/> Part-time    <input type="checkbox"/> Casual</p> <p><b>If yes, please indicate number of hours per week</b></p> <p><input type="checkbox"/> Less than 15 hours    <input type="checkbox"/> 15 – 25    <input type="checkbox"/> 25 +</p> <p><b>Employer</b> _____      <b>Current position title</b> _____</p> |
| <p><b>Are you registered with an employment service provider?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please provide details):</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Sureway                      <input type="checkbox"/> Madec                      <input type="checkbox"/> Yourtown         </p> <p style="padding-left: 40px;"><input type="checkbox"/> Other: (please give details) _____</p>           |

**What was your main activity before registering for this project?**

- Working    Studying    Volunteering    Not actively looking for work

*Or unemployed and looking for work: -*

- Less than 3 months    3-6 months    6-12 months    Over 12 months

**Please indicate what employment you are seeking:**

- Full time    Part time    Casual  
 5-10 hours PW    10 – 20 PW    20 – 30 PW

**Please indicate your current availability:**

- Monday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Tuesday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Wednesday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Thursday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Friday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Saturday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm  
 Sunday   \_\_\_\_\_am/pm \_\_\_\_\_am/pm

## Education Details

**What is the highest level of education you have completed?** (Tick one box)

- Did not attend school    Year 9 or lower    Year 10  
 Year 11    Year 12/13

**Have you completed any post school education?** (please tick any that are relevant and provide details)

- Certificate I    Certificate II    Certificate III (or trade qualification)  
 Certificate IV    Diploma    Other: \_\_\_\_\_

Details

\_\_\_\_\_

\_\_\_\_\_

**Have you got any current licences or clearances? If yes, please indicate below which ones:**

- First Aid       CPR       Manual Handling
- DHS Screening (please specify which ones): \_\_\_\_\_
- Police Clearance       Responding to abuse and neglect
- Working with Diverse People       Personal Care Training
- Quality & Safeguards Worker Orientation Module 'Quality, Safety and You'
- Safe Environments for Children and Young People
- Other (please specify): \_\_\_\_\_

**Have you got a drivers licence?**

- Yes (please provide details):
- L Plates       P Plates       Full licence
- No

## Program Details

**Do you have any health problems that may restrict the work that you can do?**

- Yes  No

If yes, please give details:

\_\_\_\_\_

**What are your reasons for wanting to be part of program?**

*(Think about the additional benefits and value you would gain in addition to a job)*

Details

\_\_\_\_\_

**How did you hear about the program?**

- Family Member / Friend       Employment Services Provider       Television
- Newspaper       Radio       Social Media       Other: \_\_\_\_\_

**I give permission for any photographs taken of me whilst in the programme being used for promotional or media purposes.**

- Yes       No

I certify that the information I have provided on this form is true and correct, and I consent to the information I have provided being used for the purposes of implementing, monitoring and evaluating the program.

Participants full name: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date:     /     /

If under 18 years of age - I certify that the information provided on this form is true and correct, and I consent to \_\_\_\_\_ (Please write in your child's name) participating in this programme and for the information they have provided in this Participant Registration Form being used for the purposes of implementing, monitoring and evaluating the program.

Parent or Guardian's full name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date:     /     /

Please return completed form  
To your local RDA Yorke & Mid North office in Port Pirie, Kadina & Clare  
Or email to [admin@yorkeandmidnorth.com.au](mailto:admin@yorkeandmidnorth.com.au)

Direct any enquiries to 1300 742 414

