

Candidate Information Form (Form 2)

This form supplements the Department of Aboriginal and Torres Strait Islander Partnerships' Consent Form (Form 1) if completed prior.

INFORMATION SUMMARY

PLEASE ONLY COMPLETE FIELDS WHERE INFORMATION HASN'T ALREADY BEEN PROVIDED OR IS NOT CURRENT

First Name: _____ **Last Name:** _____

Email: _____ **Home Phone #:** _____

Mobile Phone: _____ **Preferred Contact Method:** _____

Street 1: _____ **Street 2:** _____

Suburb: _____ **Postcode:** _____

Date of Birth: _____ **Gender:** Female Male

Ethnicity: Aboriginal Torres Strait Islander **Disability:** _____

Both Aboriginal and Torres Strait Islander

Employment Status: Employed Unemployed To Be Employed

Blue Card White Card Yellow Card **DATSIP Candidate Contact:** _____

Willing to work at an entry level position? Yes No To be Confirmed

Are you willing to relocate? Relocate FIFO Relocate/FIFO No To be Confirmed

If willing to move or would consider FIFO – provide details: (how far would you move/where would you move to)

Own Transport/Public Transport: _____

Resume Yes No

If yes, please provide DATSIP with a copy for future employment opportunities.

EDUCATION AND QUALIFICATIONS

What was the name of the school you attended? _____

What was the highest grade completed at school? _____

What year did you complete? _____

What subjects did you study? _____

Do you have a Queensland Certificate of Education (QCE)? Yes No

Are you currently studying? Yes No

If yes, what are you studying: _____

If no, would you like to study and in what area: _____

Qualifications (most recent first, including those currently underway)	Year completed
1.	
2.	
3.	

LICENCES

Do you currently hold a Driver's, Plant or Marine licence? Yes No

If yes, please list out your licences here: _____

FURTHER EMPLOYMENT INFORMATION

If employed, in what capacity: Full time Part time Casual

If yes – Industry of employment and employer: _____

Do you do volunteer work? Yes No

If yes, in what capacity: Full time Part time Casual

FUTURE CAREER INTERESTS

What are your future career aspirations and goals?

Area of interest for employment: (e.g. administration, construction, retail, hospitality, aged care)

OTHER INFORMATION

Would you like assistance with any particular area/s? (e.g. Resumes, cover letters, interviews, etc.)

Have you undertaken DATSIP's Emotional Intelligence Training?

Yes No

If no, would you like to?

Yes No

CONSENT

The Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) is collecting personal information for the purpose of increasing economic participation and career prospects of Aboriginal and Torres Strait Islander peoples who have completed Year 12. The personal information of job seekers will be placed into a database that will be maintained by DATSIP. The personal information of job seekers may also be disclosed to employers outside the Qld Government who are looking for Aboriginal and Torres Strait Islander employees. Your personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld).

Information that will be collected and used includes, but is not limited to your name, address, contact details, work history and qualifications and/or resume.

If you agree to the DATSIP using your details as stated above please click on the check box below and add your name and signature. This consent form must be provided to DATSIP to facilitate adding details to the database.

I give consent to the Department of Aboriginal and Torres Strait Islander Partnerships to use my details as provided for the purpose of employment participation.

Name: _____

Signature: _____

Date: _____

Note: (If under 18 years of age, a parent or guardian may also sign)

Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

DATE RECEIVED: _____ **CANDIDATE CODE:** _____

Is the name, address and contact details correct as per the consent form? Yes No

Is the date of birth correct as per the consent form? Yes No

DATSIP Contact Officer: _____

Referral Source (e.g. School, JSA, Referral, Walk-in): _____

Signed consent form received: Yes No **DATE:** _____

Resume on file: Yes No

Date uploaded: _____ **Date filed:** _____

Signature: _____