

**CEA Ltd/BTC/WynMET/GCSC/JAI/NSTPI**  
**EXPRESSION OF INTEREST**  
**SQW Project**

Project Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Details**

Please complete all sections within this form, sign and return by email or in person to Peter Moyer:

Email: [peterm@ceagroup.com.au](mailto:peterm@ceagroup.com.au) Ph. (07) 3807 5614

<b>Last Name</b>		<b>First Name</b>	
<b>Address</b>			<b>Postcode</b>
<b>Mobile</b>		<b>Home Phone</b>	
<b>Email</b>			
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**How did you hear about this course?**  Brochure in a:  community centre  library  shopping centre;  
 Newspaper Ad  Facebook  Word of Mouth  Other (please specify) \_\_\_\_\_

**Eligibility**

Have you previously participated in an SQW ( <i>Skilling Queenslanders for Work</i> ) project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Queensland Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aged 15 years or older and no longer attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Australian Citizen <i>OR</i> <input type="checkbox"/> New Zealand Citizen <i>OR</i> <input type="checkbox"/> Australian Permanent Resident <i>OR</i> <input type="checkbox"/> Australian Temporary Resident with necessary visa and work permit on the pathway to permanent residency <i>OR</i> <input type="checkbox"/> Other: _____		
Are you currently receiving a benefit/s from Centrelink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: <input type="checkbox"/> Newstart <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Allowance <input type="checkbox"/> Other If other, please provide details: _____		
If you answered yes to receiving a Centrelink Benefit, how long have you been in receipt of this/these services? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 12 – 24 months <input type="checkbox"/> more than 24 months		
Do you have a current concession or health care card? <b>** (see ID over)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, what country were you born in?] _____		
Do you identify as Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider yourself to have a disability, impairment or long-term condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate the area/s or disability, impairment or long-term condition <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Mental health <input type="checkbox"/> Learning <input type="checkbox"/> Other, please specify: _____		

How well do you speak English?  Very well  Well  Not very well

Do you speak any other languages other than English?  Yes  No

If yes, which language/s do you speak? \_\_\_\_\_

Do you currently hold a working with children Bluecard?  Yes  No

If 'No', is there any reason you may **not** be eligible eg: never applied or never required: \_\_\_\_\_

### Education and Employment

What is your highest level of school completed? eg Year 12 \_\_\_\_\_

In which year did you complete that school level? eg 2001 \_\_\_\_\_

Are you currently enrolled to do a qualification with another organisation?  Yes  No

Please list any qualifications, tickets and / or professional licenses you hold below

Year Obtained	Institution/Training Organisation	Qualification/Ticket/Licence

Which of the following best describes your employment status?

Currently work less than 25 hours per week  Currently work more than 25 hours per week

Currently unemployed, seeking full-time work  Currently, unemployed, seeking part-time work

I am a full time parent returning to work

If you are currently unemployed, how long have you been unemployed for? \_\_\_\_\_

### Transportation

**You may need to arrive at your place of study/work/placement early, eg 6.00am, so you will need to have reliable transportation.**

Do you have a current driver's permit or licence?  Learners permit  Provisional licence  Open Licence

Do you have access to a vehicle?  Yes  No

If you answered 'No' to either of the above, do you have means to get to your study/work/placement?  Yes  No

**\*\*Identification to be provided on application**

Driver's Licence  Medicare Card  Health Care Card  Photo ID (eg school ID card; photo ID card)  Other \_\_\_\_\_

### Privacy Statement

The information provided in this form is for the use of Career Employment Australia Ltd and its affiliates in assessing my expression of interest. If you do not proceed into the SQW program this information will be destroyed.

### Declaration

I confirm that the Information I have provided is true and correct and that I have read and understood the Privacy Statement contained within in this form

Signed: (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_