



---

## Employment Status

Please indicate how long you have been unemployed

1 month    6 months    12 months or longer    other \_\_\_\_\_ What was your last job \_\_\_\_\_

Of the following categories, which BEST describes your current situation?

- I am unemployed, but not receiving Australian Government Employment services or assistance.  
 I am unemployed for more than 6 months, and receiving Australian Government employment service  
 I require complimentary services because I have significant barriers to learning and employment
- 

## ID Check

Do you currently have the following?

Drivers Licence / Birth Certificate / Passport    Yes    No  
Health Care Card / Pension Concession Card    Yes    No  
Medicare Card    Yes    No

If yes, please attach a **copy**

---

## Concession Status

Do you currently hold any of the following?

Health Care Concession Card    Yes    No  
Pension Concession Card    Yes    No  
Commonwealth Seniors Health Card    Yes    No

If yes, please attach a **copy**

---

## Education and Training

What is your highest COMPLETED school or higher learning level?

- Never attended school    Year 8 or below    Year 9 or equivalent    Year 10 or equivalent  
 Year 11 or equivalent    Year 12 or equivalent

Have you **COMPLETED** any of the following qualifications?

- Certificate III    Associate Diploma  
 Other Certificate    Undergraduate Diploma  
 Trade Certificate    Degree or Postgraduate Diploma  
 Advanced/Technician Certificate

If YES, what was the name of the qualification(s)? \_\_\_\_\_

Current Drivers Licence    Yes    No   Licence number \_\_\_\_\_

---

Do you hold any other licences and tickets? \_\_\_\_\_

---

## Education and Training – continued

Unique Student Identifier (USI) Number \_\_\_\_\_

\*If you are not sure of your Unique Student Identifier Number please go to [www.usi.gov.au](http://www.usi.gov.au) to access or create your number

---

## Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes  No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Mental illness    | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Learning     | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Intellectual      | <input type="checkbox"/> Other                     |

If you require assistance for a disability, please advise how we may assist you:

---

## Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin?  Yes  No

Please Circle: Aboriginal  Torres Strait Islander  Both

Were you born in Australia?  Yes - Town of Birth: \_\_\_\_\_

No - If **no**, what is your *Country* and the *town* in which you were born?

Do you speak a language **OTHER THAN** English at home?  Yes  No

If YES, which language do you usually speak? \_\_\_\_\_

How well do you speak English?  Very Well  Well  Not Well  Not at All

Do you require any language, literacy or numeracy assistance?  Yes  No

---

If you were asked to undertake a drug and alcohol test would you pass?  Yes  No

If you were asked to undertake a pre-employment medical would you pass?  Yes  No

---

## Lodgement

Please lodge your CV, cover letter and registration form to [communityworkskills@gea.asn.au](mailto:communityworkskills@gea.asn.au)

*NOTE: should you have any questions in relation to completing the registration form please send an email to [communityworkskills@gea.asn.au](mailto:communityworkskills@gea.asn.au) or contact GEA on 07 4972 9060.*