

Pre-Assessment Form

Employer name:														
Workplace Address and State:														
When did you start working for this Employer?/...../.....			Was this:	Full time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Casual	<input type="checkbox"/>	If P/T/ Casual, how many hrs per week:	<input type="text"/>	<input type="text"/>		
First Name														
Surname														
Phone (home)														
Mobile														
E-mail														
Date of Birth														
Citizenship			<input type="checkbox"/>	Australian Citizen		<input type="checkbox"/>	New Zealand passport holder, resident 6 months +							
			<input type="checkbox"/>	Permanent Resident		<input type="checkbox"/>	Other – Visa Type.....							
Are you still attending Secondary School?			<input type="checkbox"/>	No		<input type="checkbox"/>	Yes							
What is your highest COMPLETED school level?			<input type="checkbox"/>	Year 12 or equivalent		<input type="checkbox"/>	Year 11 or equivalent		<input type="checkbox"/>	Year 10 or equivalent		<input type="checkbox"/>	Year 9 or equivalent	
			<input type="checkbox"/>	Year 8 or below		<input type="checkbox"/>	Did not go to school							
			In which year did you complete that school level? (e.g. 2001)											
Have you successfully completed any of the following qualifications? <i>(A copy of the certificate will be required for the full assessment to be determined)</i>			<input type="checkbox"/>	No		<input type="checkbox"/>	Yes (If yes tick and complete any applicable boxes)							
										Commenced		Completed		
			<input type="checkbox"/>	Bachelor or Higher										
			<input type="checkbox"/>	Advanced Diploma										
			<input type="checkbox"/>	Diploma										
			<input type="checkbox"/>	Certificate IV		 / /		
			<input type="checkbox"/>	Certificate 3		 / /		
			<input type="checkbox"/>	Certificate 2		 / /		
			<input type="checkbox"/>	Pre App / Pre Voc		 / /		
			<input type="checkbox"/>	Other Cert /Qual		 / /		
NAME of qualification completed													
Have you previously worked as an Apprentice or Trainee?			<input type="checkbox"/>	NO		<input type="checkbox"/>	YES (if YES please provide details below)							
Name of company														
Title and level of qualification														
State/Territory/Overseas														
Year of commencement														
Are you currently undertaking any other study?			<input type="checkbox"/>	No		<input type="checkbox"/>	YES (if YES please provide details below)							
													
Declaration: I declare that, to the best of my knowledge, the above information relating to me is true and correct														
Signed: _____					Date: ____/____/____									
The information above is collected to assist MEGT to make a preliminary assessment of your eligibility to attract Government Employer Incentives if you undertake an Australian Apprenticeship. Assessment is based on the information provided at the time, in conjunction with the present Department of Education, Employment and Workplace Relations Apprenticeship Policy and is subject to change without notice.														