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|  | Document No: NP007 | Issue: 1.5 |
| | APPRENTICE REGISTRATION FORM | Issued: 21/01/08 Next Review: 01/02/09 |

FAST TRACK REGISTRATION FORM

Title: _____ Name: _____ Surname: _____ D.O.B _____

Date: _____ Email address: _____

H: _____ M: _____ F: _____

Street Address: _____ State: _____ Post Code: _____

Postal Address: _____ State: _____ Post Code: _____

Emergency Contact Name: _____ Number: _____

Nationality: _____ Place of Birth: _____

Are you of Aboriginal/Torres Strait Islander decent? Yes No

Are you an Australian Citizen/Permanent Resident: Yes No

Notice Required: Yes No If yes, how many weeks? _____

Employment Type: Full Time Part Time School Based

SOURCE! WHERE DID YOU HEAR ABOUT US?

Newspaper Website Radio TV

School Word of Mouth Expo Other (please specify) _____

PERSONAL SKILLS: Creative, Good Problem Solver, Hard Worker etc:

PRACTICAL SKILLS: Motor Repairs, Customer Service, Desktop Publishing etc:

If your **resume** does not include your Work History, please provide the following:- Company, Position phone number, length of time employed, contact name reason for leaving:


EMPLOYER 1:

EMPLOYER 2

OTHER INFORMATION, DO YOU HAVE THE FOLLOWING?

Tax file number Bank Account Resume Provided

Drivers License Own transport

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Are you registered with centre link Yes No Do you have a wage assistance card Yes No

Do you have a medical condition/permanent disability that will affect your work? Yes No

If YES please provide details: _____

If you still attend school, which school? _____

If you are no longer attending school, what year did you finish? _____

Current or highest level completed? Year 9 Year 10 Year 11 Year 12

Have you completed any further qualifications? Yes No If yes please specify qualification:

Do you give consent to Group Training NT to obtain photos of you and use them for marketing purposes? This permission can be revoked in writing at any time Yes No

Career Objectives: Which traineeship or apprenticeship are you interested in?

1. _____

2. _____

Please write down your reason for seeking an apprenticeship: _____

If under 18 years of age a Parent/Guardian signature is required.

Parent/Guardian Signature: _____ Your Signature: _____

Please post or email your completed registration form with resume attached to:

Group Training Northern Territory
 GPO Box 3245, DARWIN NT 0801
 Email: gtnt@gtnt.com.au

OFFICE USE ONLY

Spelling /31 Grammar /10 Filing /14 Typing /WPM

Maths A /25 Minnesota /64 Applied Reading /32 Basic Maths /15

Mechanical Reasoning /32

Date:

Time:

Entered By: