

# School Based Traineeship Registration

Date: \_\_\_\_\_ ATC Work Smart Office: Albany  Bunbury  Geraldton  Perth Metro

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Tick) Male  Female  Other

Address: \_\_\_\_\_ Town/Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (HM): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Current School: \_\_\_\_\_ (Tick) YR10  YR11  YR12

Country you were born in? Australia  Other (please specify): \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander Y  N

### Licences and Tickets (Currently held)

C (Manual)  C-A (Auto)  Blue/White Card (Safety Awareness Training)  Other (specify) \_\_\_\_\_

### Computer Programmes (Competent use)

Excel  Outlook  PowerPoint  Publisher  Word  Other (specify) \_\_\_\_\_

### List any work experiences to date:

### Areas of Interest

Auto <input type="checkbox"/>	Building <input type="checkbox"/>	Business <input type="checkbox"/>	Carpentry & Joinery <input type="checkbox"/>
Cabinet Making <input type="checkbox"/>	Community Service <input type="checkbox"/>	Sport and Rec <input type="checkbox"/>	Outdoor Recreation <input type="checkbox"/>
Hairdressing <input type="checkbox"/>	Horticulture/Agriculture <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Information Tech <input type="checkbox"/>
Engineering <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Retail <input type="checkbox"/>	Comm Pharmacy <input type="checkbox"/>

Other \_\_\_\_\_

### Medical and Health (Please tick Yes or No)

Do you have any **special needs** or a medical condition that you may require assistance with in the workplace?

Y  N  If yes, please specify \_\_\_\_\_

Do you suffer from any of the following: (These could impact on your ability to perform tasks in some work situations)?

Hearing Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back/Spinal Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Colour Blindness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Industrial Dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above, and/or if you have had any serious accidents, illnesses or operations, please provide details:

Have you ever received workers Compensation for a work related injury: Yes  No

If Yes, please provide details: \_\_\_\_\_

Under WA and Commonwealth Government Public Health orders Covid-19 vaccination is mandatory for anyone engaged in specified industries. Are you prepared to provide proof of vaccination if required? Y  N

You are hereby informed that under section 79 of the Workers Compensation and Injury Management Act 1981 that: if it is proven that at the time of seeking or entering employment in respect of which you claim compensation for an injury, you wilfully and falsely represented yourself as not having previously suffered from the injury you may be refused compensation which otherwise would be payable.

**Privacy Information** - In accordance with the *Privacy Act 1988* we advise you of the following:

We collected personal information from you in accordance with the Australian Privacy Principles (APP's) in the Privacy Act 1988 and will only disclose your information in accordance with these Principles. We collect information (e.g. your name, address information in your resume or provided separately e.g. police clearance) in the course of our function and activities as a Group Training Organisation (GTO) a Registered Training Organisation (RTO) and a Recruitment and Labour Hire organisation, in order to provide you with the best possible service.

We use information that we hold about you for the primary purposes of delivering our services and if you choose not to provide the personal information that we ask for, or the information that you provide us is incomplete or inaccurate, it may mean that we are unable to provide our services including processing your enrolment or employment.

We may disclose some of your personal information to a number of organisations including but not limited to: Host Employers/Employers, your authorised representative or legal advisors, banks and government and statutory authorities. We do not disclose your personal information overseas.

You may access your personal information (subject to some exceptions allowed by law). For details and access to this information please use the contact details provided in our full Policy. Our privacy policy contains information about how you may access your personal information held by us and seek the correction of such information and how we handle concerns or complaints about this Privacy Policy, or our handling of your personal information. A copy of our full Privacy Policy is available on request or at [www.atcworksmart.com.au](http://www.atcworksmart.com.au)

**Acknowledgment and consent**

Your signature below (and your parent/guardian's signature if you are under 18) indicates your consent for ATC Work Smart to the use and disclose of your personal information for the purpose as indicated above.

**Declaration**

To the best of my knowledge, all information on this registration form is correct and complete. I also understand if I am in a workplace that under the Occupation Safety and Health Act 1984 and Regulations 1996 as amended I have a duty of care including but not limited to the following:

- To wear/use all personal safety clothing and equipment to safely perform any given task.
- To report any probable or possible hazards.
- To avoid hazards as far as practicable.
- To participate in on site inductions.
- To abide by all safe operating procedures.

Further, I am prepared to undertake a pre-employment drug and alcohol screen if required and participate in random or for cause drug and alcohol testing.

If I am employed as a School Based Trainee I confirm that I agree to work a minimum of 7.5 hours/week for every week (including school holidays) that I am rostered to work. (this is equal to 195 hours worked, averaged over each six-month period)

***I give permission for ATC Work Smart to use my photograph and/or testimonials for marketing their Services – to opt out, tick box***

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Details (***where student is under 18 years of age***)

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (HM): \_\_\_\_\_ Phone (WK): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_