

REGISTRATION FORM

OFFICE USE	
Labour Hire	<input type="checkbox"/>
Apprentice	<input type="checkbox"/> Trainee <input type="checkbox"/>

Given Name: _____ Middle: _____ Last Name: _____
 Address: _____ City/Town: _____ Postcode: _____
 Phone: _____ Mobile: _____ Email: _____

Date of Birth _____ Gender F M O Do you identify as Aboriginal or Torres Strait Islander Y N
Are you an Australian Resident: Y N *If no:* Do you hold a current work visa: Y N
Availability: Full time Part time Casual Temping Do you have access to reliable transportation: Y N

Licences and Tickets (please check these are current and valid)

Drivers Licence: C (unrestricted) C-A (automatic only) LR MR HR HC MC

Construction Induction Card: Blue Card White Card

Other: Chainsaw Crane Dogging/Rigging Elevated Work Platform Excavator First Aid Forklift
 Loader RSA Skid Steer Traffic Controller Working at Height Working with Children Card (current 3Yr)
 Please specify any others: _____

Computer Software Programs (qualified or competent use)

Microsoft: Access Excel Outlook PowerPoint Publisher Word Accounting: MYOB Quick Books
 Please specify any others: _____

Qualifications & Education

Qualifications/Certificates Completed: _____

If applying for apprenticeship or traineeship, highest level & year completed e.g. Year 12, 2017 : _____
 Name of High School: _____

References

Name: _____ Company: _____ Contact: _____
 Name: _____ Company: _____ Contact: _____

Employment Services Provider - are you registered with:

AT Work Other: _____

Medical and Health Questions

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 _____

Smoking status: Non-Smoker Smoker

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

Hearing Loss	Y <input type="checkbox"/>	N <input type="checkbox"/>	Epilepsy	Y <input type="checkbox"/>	N <input type="checkbox"/>
Allergies	Y <input type="checkbox"/>	N <input type="checkbox"/>	Back/Spinal Condition	Y <input type="checkbox"/>	N <input type="checkbox"/>
Colour Blindness	Y <input type="checkbox"/>	N <input type="checkbox"/>	Industrial Dermatitis	Y <input type="checkbox"/>	N <input type="checkbox"/>

If yes for any of the above, please provide details:

Provide details of any other serious accidents, illness or major operations:

Have you ever received compensation due to a work related injury? Y N **if yes, please provide details below:**

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

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

Acknowledgment and Consent

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

I understand that if I accept an offer of casual employment with ATC Work smart on a labour hire placement, the offer is based on there being no firm advance commitment that the work will continue indefinitely with an agreed pattern of work.

Declaration

To the best of my knowledge, all information on this registration form is correct and complete. I declare that I am legally able to work in Australia, and understand that ATC WORK SMART reserves the right to verify all information on this application and that any false statements will be considered cause for my rejection as an applicant or my dismissal subject to investigation if hired.

I also understand if I am employed by ATC WORK SMART that under the Occupation Safety and Health Legislation and Regulations, as amended from time to time, 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 instructions and procedures.

Further, I am prepared to provide a Police Clearance (no longer than 2 months old) and/or a current Working with Children Card upon request and I am prepared to undertake a medical examination with a doctor nominated by ATC Work Smart and a pre-employment drug and alcohol screen if required, and participate in random or for cause drug and alcohol testing.

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

Registrant Signature: _____

Date: _____

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

Parent/Guardian Name: _____ Relationship: _____

Phone (HM): _____ Phone (WK): _____ Mobile: _____

Email: _____

Parent/Guardian Signature: _____ **Date:** _____

