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HEALTH TRAINEESHIP APPLICATION FOR EMPLOYMENT

Details of Advertised Health Traineeship			
The position you are applying for: <input type="checkbox"/> School-based Location: Closing Date:			
Applicant Details			
Full Name:		Date of Birth:	
Phone:		Email:	
Address:			
Year Level:		Do you identify as Aboriginal and/or Torres Strait Islander: Yes / No	
School:			
Required Documentation to be attached: <input type="checkbox"/> Resume <input type="checkbox"/> Most Current Student Report			
Parent Details			
Full Name:		Phone:	
Email:			
Industry Interest (Please tick below)			
Aged Care		Health (including administration)	
Disability Services		Allied Health	
Please answer the following questions			
1. Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes >Approx. hours per week: 2. Name of current employer? 3. Do you have a drivers license? <input type="checkbox"/> No <input type="checkbox"/> Yes >Class..... Lic No..... Expiry Date..... 4. Do you have your own transport? <input type="checkbox"/> No <input type="checkbox"/> Yes 5. What is your Unique Student Identifier? 6. Have you completed any courses recently? <input type="checkbox"/> No <input type="checkbox"/> Yes			

For more information contact

Administration P (07) 4728 5041 E admin@seedfoundationaustralia.com.au

7. If yes, please tell us what:

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Application Declaration

I declare the information provided on this form is to the best of my knowledge, correct and not misleading. I understand that failure to disclose relevant information may affect the Seed Foundation Australia's ability to offer employment or training services. I authorise Seed Foundation Australia to contact my referees and permit Seed Foundation Australia to disclose my personal information to other organisations, including government agencies and financial institutions in order to facilitate employment or training opportunities. I authorise Seed Foundation Australia to forward the results of any police checks / reference checks to our employers. I understand that Seed Foundation Australia is obliged to comply with the National Privacy Principles and that I can access my personal information by contacting the Seed Foundation Australia Privacy Officer.

Student Signature

Date

Parent/Guardian Signature

Date

Seed Foundation Australia

Level 4 / Clinical Practice Building
1 James Cook Drive
DOUGLAS QLD 4814
T 07 4728 5041

Please include a copy of your resume, school report and current student Photo ID with your application

When completed please submit to:
admin@seedfoundationaustralia.com.au