

Traineeship Eligibility Questionnaire

Traineeship opportunities are made available by Council with the assistance of Government funding. Certain information (including date of birth) is required from applicants to confirm eligibility for participation.

Your Full Name:

Your Date of Birth (Required as above):

1. Do you hold any current qualifications – either Certificate, Diploma or University Degree Level: No Yes

If yes, please provide details of all qualifications currently held:

2. Do you identify with any of the following groups (any of these groups assist eligibility):

Aboriginal and Torres Strait Islander No Yes

Migrants and refugees from culturally and linguistically diverse backgrounds No Yes

If yes, please advise brief details of your ethnic/cultural background:

Person with a disability No Yes

If yes, please provide brief details of disability: _____

Displaced worker (that is, lost employment with another employer) No Yes

If yes, please provide brief details of previous employment: _____

Woman re-entering the workforce No Yes

If yes, please advise brief details surrounding your current situation

3. Are you currently on any government benefits? (e.g. Newstart or Disability) No Yes

If yes, please advise details of current benefit:

4. Are you currently registered with a job network provider? No Yes

If yes, which job network provider:



Film/Photo Consent Form

Activity/location/context/purpose: *Skilling Queenslanders for Work - a Queensland Government initiative providing skills development and training programs to improve job opportunities for disadvantaged Queenslanders.* Date: ___/___/___

I, _____ (insert name),
of _____ (insert address):

For parents/legal guardians of children (if applicable)

1. **declare** that I am the parent/legal guardian of the following child or children

(collectively, "the Children")

2. **agree** to the State of Queensland, its employees, officers, agents and contractors ("the State")

- (a) making images or recordings, whether sound, digital or otherwise, of me and the Children ("Images and Recordings");
- (b) using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials"); and
- (c) retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally;

3. **agree** that the rights granted to the State under clause 2 of this Photo Consent Form are perpetual and that I will not receive any payment, royalty or other consideration (whether monetary or otherwise) from the State in connection with the making, use or storage of the Images and Recordings;

4. **agree** to the State collecting, storing, handling, accessing, managing, transferring, using and disclosing personal information about me and the Children, including but not limited to our name, details and image, in connection with the Images and Recordings or the Promotional Materials;

5. **acknowledge and agree** that any Promotional Materials which refer to me and the Children, expressly or by implication, are, at the date of publication, made in good faith and are not intended to defame or offend me or the Children or bring me or the Children into disrepute and, to the best of the State's knowledge, are true and correct;

6. **agree** that the State is the owner of the copyright in the Images and Recordings and the physical Images and Recordings; and

7. **acknowledge** that a representative of the State has explained the contents of this Photo Consent Form to me and I am signing this Photo Consent Form of my own free will, on the full understanding and comprehension of the terms of this Photo Consent Form.

Signed by:

Print name

Signature

Date

Witnessed by:

Print name of witness

Signature

Date

Contact Officer: Program Manager Department/Agency: Department of Employment, Small Business and Training
Phone: 07 3328 6522 Email: sqwapps@desbt.qld.gov.au

Privacy Notice

The Department/Agency is collecting the information on this Photo Consent Form in order to use Images and Recordings of you or the Children in Promotional Materials for the Queensland Government and as otherwise stated above. This information will only be accessed by authorised employees within the Department/Agency. Some of this information may be given to other departments/agencies, contractors of this Department/Agency and other departments/agencies for the purpose of using Images and Recordings of you and the Children in Promotional Materials. Your information will not be given to any other person or agency unless you have given us your consent or we are required or permitted by law.