



TRAINING/JOB SEARCH SUPPORT - EXPRESSION OF INTEREST	
Date: Day / Month / Year	Language group:
Name: Please print clearly first name then Surname	Support person (if any):
Date of birth: Day / Month / Year	Available from: Day / Month / Year
Phone:	Email:
What employment/training areas interest you? Are you looking for a traineeship/apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of traineeship/apprenticeship – business, mechanical etc? _____ If you are looking for employment, what type of work are you looking for? – Casual / Part-time / Full-time	
If you have previously been employed, please provide job title and approximate date you finished working:	
When did you leave school?	
What is your highest completed school level? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	
What is the highest level of qualification you have completed? Apprenticeship, Cert II, III, IV, Diploma, Degree, Masters, Doctorate, Other: _____ When did you start? Day / Month / Year When did you finish? Day / Month / Year	
Are you studying now? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide further details.	
Do you have a current driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other licence/tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any Rio/BHP inductions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "yes" to any of the above, please provide details:</i>	
Do you have an updated resume <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you need assistance with creating one? _____	
Do you need assistance with: Reading / Writing / Numeracy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability that would require special considerations in the workplace e.g. Wheelchair access? <i>If Yes, please provide as much information as possible.</i>	
Any other relevant information:	

Please email the completed form to: gacjobs@gumala.com.au