



BRISBANE CITY COUNCIL

“Work Placement Projects” Referral Form

*Subject to funding approval from DEIR

Please circle the project which you are interested in (**only one project can be circled**)

1. OVERSEAS TRAINED PROFESSIONALS PROJECT
2. AGED CARE PROJECT
3. TEACHER AIDE PROJECT

On completion please send completed sections to Lilly Matich, Community Employment Programs, Brisbane City Council, GPO Box 1434, Brisbane Qld 4001 or fax to **33340081** or email to **Lilly.Matich@brisbane.qld.gov.au**

Please phone Lilly Matich on **3403 5582** for further information

Background:

The Work Placement projects are a partnership between Council's Employment Programs and Department of Employment and Industrial Relation (DEIR) to provide work experience for people who are unemployed or at risk of being long term unemployed. The projects are jointly funded by DEIR under the “*Skilling Queenslanders for Work*” initiative and Council's Employment Services.

Each project will employ 10 people from migrant and refugee backgrounds. The project duration is 20-28 weeks. For more information please see the attached project descriptions.

Applicant Information *Applicant please complete*

Given name/s

Surname/Family name

Gender

M F

Address

Postcode

Phone or contact Number

Mobile Number.

e-mail address

Country of birth / origin

Date of Birth

/ /

Residency status / Visa

What language(s) do you speak?

Do you have a current C class license

Yes No

How long have you been at the address above?

Would you be able to work full time? (5 days per week)

Yes No

How will you get to work each day? (Car, bus, train etc.)

Qualifications Please list your overseas and Australian qualifications

.....
.....

Please outline your work experience
In your country of origin

Employer or occupation /industry	Length of employment
.....
.....
.....
.....

In Australia

Employer or occupation /industry	Length of employment
.....
.....
.....
.....

Briefly describe what interests you about this work and what you would like to gain from your placement and why.

.....

.....

.....

What are your career interests or goals?

.....

.....

.....

Are you currently studying? No Yes ► If Yes What course are you currently studying or intend to study?

.....

What year did you finish school?

.....

What is the highest grade of schooling you have completed?

.....

How would you rate your level of English comprehension/communication?

Excellent Good Medium Fair Poor

Have you ever completed a Skilling Queenslanders for Work – Work Placement (Formally known as CJP) before?

No Yes ► If Yes On what date did you complete this?

..... /

Please feel free to attach any additional supporting documents (Resume, CV, references etc.)

Equal Employment Opportunities

Tick any of the following that apply to you. **NOTE: All this information is confidential.**

- Culturally and linguistically diverse Background
- Aboriginal / Torres Strait Islander
- Early school leaver
- Australian South Sea Islander
- Person with a disability
- Female
- Young person who is homeless (15-19)
- Long-term unemployed (12 months+)
- Single parent
- None of the above
- Mature Aged (40+ years)
- Other disadvantage - please list

Jobseeker Declaration

I am aware that DEIR will be surveying me on completion of the project to establish my current progress towards employment, education, or training.

I am eligible to work in Australia

I certify that the information provided on this form is true and correct at time of signing.

Signature and date / /

Centrelink Information

Are you in receipt of income support through Centrelink? Yes No

Centrelink ID Number Centre link Office

► If Yes, please tick which form of support?

- New Start
- Youth Allowance
- Disability Support Pension
- Sickness Allowance
- Parenting Payment
- Special Benefits
- Carer's Payment

Are you being assisted through any of the following?

Job Network Classification

- JSS (Job Search Support)
- IS (Intensive Support)
- ISCA (Intensive Support Customised Assistance)
- JSSO (Job Search Support Only)

Intensive Support Yes No ► If Yes, please provide:

Name of Intensive Support Provider Name of Support Worker Contact Phone Number

Please phone the DEWR (Department of Employment and Workplace Relations) customer service line on 1800 805 260 to find out which Job Network agency you are linked to for Intensive Support .

Personal Support Program Yes No ► If Yes, please provide:

Name of Personal Adviser Contact Phone Number

Specialist Employment Services Yes No ► If Yes, please provide:

(eg. Health / Disability Support, Commonwealth Rehabilitation Service)

Name of Specialist Employment Provider Name of Consultant Contact Phone Number

Job Network Provider Yes No **► If Yes, please provide:**

Please list job network provider:

Referral Agency Information *Referee please complete*

Name of organisation Name of referee

Mailing address of organisation Postcode

Phone Number Mobile Number e-mail address

How long have you known the applicant? *Less than 1 month* *1 to 3 months* *3 to 6 months*
Longer than 6 months (please specify)

What services/support have you been providing to the client? (please tick those that apply and provide details)

Services	✓	Details
SQW Job Preparation	<input type="checkbox"/>	
SQW Accredited Training	<input type="checkbox"/>	
SQW Work Placement	<input type="checkbox"/>	
IHSS Settlement Services	<input type="checkbox"/>	
Counselling	<input type="checkbox"/>	
Language Training/Support	<input type="checkbox"/>	
Other services	<input type="checkbox"/>	

Please describe your assessment of your client's readiness for work. Comment on additional support required with language/literacy, cultural/family or health issues that you consider significant. (i.e. need to be managed in the short/medium term or could interfere with full participation in the work placement project)

.....

Referee's signature and date

/ /