



BRISBANE CITY COUNCIL

“Diversity at Work” Skilling Queenslanders for Work – Work Placement (SQW-WP) * Referral Form

On completion please mail or fax completed sections to Patrick Longuefosse, Community Employment Programs, Brisbane City Council, GPO Box 1434, Brisbane Qld 4001 or fax to 3403 9901

Please phone Patrick Longuefosse on 3403 5737 for further information

Background: The purpose of this project* is to provide 20 people who have come to Australia as refugees/migrants with the necessary support, training and experience to gain sustainable, meaningful employment. The experience component will be completed via work placements within Brisbane City Council. Participants will be recruited across ‘blue collar’ (unskilled labour, trades) and ‘white collar’ (administration, professionals).

*Pending approval from the Department of Employment and Industrial Relation.

An equal balance of male and female participants and at least 8 people from either ‘youth’ or ‘mature age’ groups is sought. A typical participant has completed initial settlement processes, has English language skills to the equivalent of at least Cert III AMEP level and is struggling to secure sustainable employment. They may be under-employed – doing casual or short-term contract work, for example, or working at a much lower level than their capability and qualifications.

Applicant Information Applicant please complete

Given name/s	Surname/Family name	Gender
<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>

Address	Postcode
<input type="text"/>	<input type="text"/>

Phone or contact Number	Mobile Number.	e-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of birth / origin	Date of Birth	Residency status / Visa
<input type="text"/>	<input type="text"/>	<input type="text"/>

What language(s) do you speak?	Do you have a current C class license	How long have you been at the address above?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

Would you be able to work full time? (5 days per week)	How will you get to work each day? (Car, bus, train etc.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

Qualifications Please list your qualifications

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Please outline your work experience

In your Country of origin

Employer or occupation /industry	Length of employment
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In Australia

Employer or occupation /industry	Length of employment
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What skills or attributes would you bring to the workplace?

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Please indicate which SQW-WP position you are applying for.

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

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What are your career interests or goals?

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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.**

- | | |
|---|--|
| <input type="checkbox"/> Culturally and linguistically diverse Background | <input type="checkbox"/> Aboriginal / Torres Strait Islander |
| <input type="checkbox"/> Early school leaver | <input type="checkbox"/> Australian South Sea Islander |
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Female |
| <input type="checkbox"/> Young person who is homeless (15-19) | <input type="checkbox"/> Long-term unemployed (12 months+) |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Mature Aged (40+ years) | <input type="checkbox"/> 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:

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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		
SQW Accredited Training		
SQW Work Placement		
IHSS Settlement Services		
Counselling		
Language Training/Support		
Other		
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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