



Dedicated to a better Brisbane



BRISBANE CITY COUNCIL SQW-Work Placement Expression of Interest Form*

*Pending approval from the Department of Employment, Economic Development and Innovation

Please send completed form and your resume to Community Employment Programs, Brisbane City Council, GPO Box 1434, Brisbane Qld 4001 or fax 3334 0081 or email to sharon.yong@brisbane.qld.gov.au

Please attach any additional supporting documents (resume, CV, references etc.).

Expression of Interest Closing Date: 12 August 2011

For more information, contact **Patrick Longuefosse 3027 5753**
Francisca Quintero on 3027 5754

Background Information:

Brisbane City Council, in partnership with the Department of Employment, Economic Development and Innovation's (DEEDI) "Skilling Queenslanders for Work" initiative, funds and delivers Work Placement Programs (formerly known as CJP) that provides sustainable employment opportunities to disadvantaged community members.

To be eligible to participate in the Work Placement Program you need to be over 17 years old and have been unemployed for 12 months or more or at risk of being long term unemployed. You may also be able to join the program if you are from one of these groups: Indigenous people, people with a disability, mature aged, young people who are particularly disadvantaged in the labour market (young offenders, those at risk of offending, early school leavers and young homeless people) and people from culturally and linguistically diverse background.

Applicant details *Applicant to complete*

Last or family name First or given name/s Gender M F

Address Suburb Postcode

Phone number Mobile number E-mail address

How long have you lived at the above address? Country of birth Date of birth
Years Months / /

If you are not an Australian citizen

Date of arrival in Australia Residency Status / Visa Type Visa Number

Would you be able to work full time? (5 days per week) Yes No
Would you be able to start work at 6:30 am? (Green Projects only) Yes No
Do you have a current C-class driver's licence? Yes No Learner

Usual form of transport (e.g. own car / public transport)

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

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

With which organisation in what field (e.g. Construction)?

How long have you been unemployed?

- Less than 12 months
- Between 12 to 24 months
- More than 24 months

Please tell us why you want to do a Work Placement?

.....

.....

What skills or attributes would you bring to the workplace?

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.....

Please indicate the type of work you are interested in or what is your professional background (e.g. engineering, administration, finance, mechanical, plumbing etc).

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.....

Please outline your work experience

Overseas

Employer's name / Position held / Duties performed	Length employment (eg. 6 months)
.....
.....
.....
.....

In Australia

Employer's name / Position held / Duties performed	Length of employment (eg. 6 months)
.....
.....
.....
.....

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

[Empty box]

Last year at school / tertiary institution (eg 1995) [Empty box]

Level of education completed (Tick one box) Year 9 Year 10 Year 11 Year 12

Cert. I Cert. II Cert. III Cert IV in [Empty box]

Diploma in [Empty box] Degree in [Empty box]

Qualifications Please list your overseas and Australian qualifications (including licences and certificates).

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.....

What language(s) do you speak?

[Empty box]

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

Excellent Good Medium Fair Poor

Do you have any special requirements? (e.g. interpreter) Yes No

Have you attended any formal English classes? Yes No

▶ If Yes what is the highest level of English class you have attended?

Level I Level II Level III Level IV

How did you hear about this program?

[Empty box]

Equal Employment Opportunities

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

- | | |
|---|--|
| <input type="checkbox"/> Culturally and linguistically diverse background | <input type="checkbox"/> Aboriginal |
| <input type="checkbox"/> Early school leaver | <input type="checkbox"/> Torres Strait Islander |
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Australian South Sea Islander |
| <input type="checkbox"/> Young person who is homeless (17-19) | <input type="checkbox"/> Jobless household with children |
| <input type="checkbox"/> Parents and carers | <input type="checkbox"/> Long-term unemployed (12 months+) |
| <input type="checkbox"/> Mature Age (40+ years) | <input type="checkbox"/> Other – please list [Empty box] |

Centrelink Information

Are you registered with Centrelink? Yes No

Centrelink ID Number [Empty box] Centrelink Office [Empty box]

Current Health Care concession card: Yes No

Are you being assisted through Specialist Employment Services? (For example: Health / Disability Support, Commonwealth Rehabilitation Service)

Yes No ► If Yes, please provide:

Name of Specialist Employment Provider

Name of Consultant

Contact Phone Number

Are you receiving assistance from a Job Services Australia provider?

Yes No ► If Yes, please provide:

Name of agency

Job Seeker ID number

What level of assistance do you receive?

Stream 1

Stream 1 Work Experience

Stream 2

Stream 3

Stream 4

Vocational Rehabilitation Service

■ Applicant's declaration

I am aware that DEEDI 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 the time of signing and I have not previously participated in any Work Placement Programs under the "Skilling Queenslanders for Work" initiative.

I am aware that the personal information provided will be used by Brisbane City Council or its agents for the purpose of statistical data collection.

Applicant's signature and date

Referral Agency Information *Referee to complete if applicable*

Name of organisation

Name of referee

Address

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

More than 6 months How long?

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"/>	
Continuing Settlement Services	<input type="checkbox"/>	
Employment 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 (eg. 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