



**DO YOUR STAFF QUALIFY?**  
**FILL OUT & FAX BACK TO**  
**02 8212 9547**

**PRE-ASSESSMENT FORM**

(Please return to Department Head)

**SURNAME:** \_\_\_\_\_

**First Name/s:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Date Employment began:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Employment (Circle):** Full-time / Part-time **Number of Hours per week:** \_\_\_\_\_

**Current Workplace Name & Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Are you currently attending Secondary School?** Y / N

If Yes, What Year Level are you in? \_\_\_\_ If No, in what Month & Year did you finish? \_\_\_\_/\_\_\_\_

**Are you (circle one):** Australian Citizen / New Zealand passport Holder, resided in Australia for 6 months / Foreign National with permanent Residency OR Trade Skills Training (TST) VISA / Other: \_\_\_\_\_?

**Are you Aboriginal or Torres Strait Islander?** Y / N

**Have you COMPLETED any Qualifications (including Statements of Attainment):**

**YES (Tick below) / NO**

**Date Commenced:**

**Date Completed:**

- |  |                |                |
|--|----------------|----------------|
| <input type="checkbox"/> Certificate I                         | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> Certificate II*                       | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> Certificate III* / Trade Certificate* | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> Diploma, Degree or higher             | N/A            | N/A            |
| <input type="checkbox"/> Other                                 | ____/____/____ | ____/____/____ |

**Please provide the Name of the Qualification/s:**

\_\_\_\_\_  
(\*A copy of the Certificate may be required for the full Assessment to be determined)

I Declare that, to the best of my knowledge, the above information relating to me is true & correct.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*The information above is collected to assist MEGT make an interim assessment of your eligibility to attract Australian Government Employer Incentives if you undertake an Australian Apprenticeship. Assessment is based on the information provided at the time, in conjunction with present Department of Education, Science and Training Australian Apprenticeship policy and is subject to change without notice.*

