

The ROADS Foundation Civil Construction Traineeships – Registration Form



Region

Which region are you applying to?

Kimberley

Pilbara

Mid West / Gascoyne

Wheatbelt – North

Wheatbelt – South

Goldfields / Esperance

South West

Great Southern

Metropolitan

General Details

Surname _____ Middle Name _____ First Name _____

Residential Address _____

Suburb _____ Postcode _____ DOB _____ Gender (M/F) _____

Postal Address _____

Suburb _____ Postcode _____ Email _____

Home Phone Number _____ Mobile Number _____

Do you have your own transportation?

Yes

No

Licences Held (tick the boxes)

Learners

Car

Motorbike

Heavy Rigid

Forklift

Other _____

Construction Blue Card?

Yes

No

Other tickets? _____

Are you an Australian Citizen?

Yes

No

If no: Do you have a current work visa / permit? _____

Are you of Aboriginal / Torres Strait Islander origin?

Yes

No

Emergency Contact Details

Surname _____ First Name _____

Relationship _____ Phone (Hm) _____ Mobile _____

Address _____

Education and Training

Which is your highest completed level of schooling?

- Year 9 or below
- Year 10
- Year 11
- Year 12

In which year did you complete the above? _____

Since leaving school, have you undertaken any qualifications?

- Yes
- No

If yes, tick applicable boxes:

- Cert I
- Cert II
- Cert III
- Cert IV
- Diploma
- Trade Certificate
- Other _____

Demonstrated Skills and Abilities

Computer Skills

- Basic
- Intermediate
- Advance

Have you used hand or power tools?

- Yes
- No

Do you have any concreting skills or experience?

- Yes
- No

Have you operated small plant and machinery?

- Yes
- No

Please list any additional skills you have which would be of benefit to an employer:

Mentor Program

Are there any issues in your life which you may need support with, which could affect your ability to successfully complete a traineeship? _____

Health History

Do you suffer, or have you suffered in the past from any of the following? Please mark all relevant items.

- | | | |
|--|--|---|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Lung Ailments | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Impaired Eyesight | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Colour Blindness |

Resume

Please attached current resume, including details of two referees, to registration form.

Optional

How did you hear about The ROADS Foundation? _____

Privacy Declaration

In submitting this registration form you are providing us with personal information. We will not disclose this information to a third party without your consent, except for interested employers. If you do not provide the personal information that is requested we may not be able to process your application and this may invalidate your application and future possible employment and training opportunities. If you provide The ROADS Foundation with personal information about others (ie – referees), we encourage you to inform them that you are disclosing this information to us and why.

Agreement

The ROADS Foundation will endeavour to match you with a suitable employer, arrange an interview and provide assistance. If successful you will become an employee of that employer.

I authorise The ROADS Foundation to provide information from this form and copies of attached resume to any business that may consider me for employment.

I authorise The ROADS Foundation and its associated agencies free use and publication of my name and / or photographs containing my image in any of its publications, including promotional material, newsletters and for reporting requirements. The ROADS Foundation will only use these images for purposes which align with our organisations objectives.

I declare that the statements made in this application are true statements and the attached documents are true and correct copies of the original documents. By signing this registration form, I agree to all of the above.

Signature: _____ Date: _____

When completed, deliver, post, fax or email your registration pack to:

Attention: Danica Blacklock
Don Aitken Centre
Waterloo Crescent
EAST PERTH WA 6004
Fax: (08) 9323 4323
Email: danica.blacklock@mainroads.wa.gov.au