

Building Australian Skills for Employment (BASE) Expression of Interest

A. Personal Details:			
First Name:			
Last Name:			
Street			
Suburb		Postcode	
Phone		Mobile	
Email:			
Date of Birth:		Gender	

B. Residency Status		
Please indicate your current residency status in Australia:		
<input type="checkbox"/> Australian citizen		
<input type="checkbox"/> Australian permanent resident	Visa subclass:	
<input type="checkbox"/> Australian temporary resident	Visa subclass:	
<input type="checkbox"/> Bridging visa holder	Visa subclass:	
<input type="checkbox"/> New Zealand citizen		
Other (if applicable):		

C. Cultural Background	
Do you identify as being of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were born overseas (i.e. not in Australia):	
Country of birth	
Language(s) spoken at home:	
Date of first arrival in Australia:	

D. Employment Status	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not working, how long have you been unemployed?	
What was your last job?	
Are you currently registered with an employment services provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give provider's name, address and contact details (e.g. Tursa Employment & Training, 170 Beaudesert Rd, Moorooka 4105. Phone 3392 6144):	
If working, what does best describe your current employment status? <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Volunteering	
What is your current job?	

E. Education and Training			
Please give full details of university, school or other formal training or education you attended either overseas and/or in Australia, including any Skilling Queenslanders for Work programs.			
Name, Place and Country	Attended from/To		Degrees, Certificates or Diploma Obtained
	Month/Year	Month/Year	

F. Drivers Licence	
Do you have a current Queensland Drivers Licence?	
Or Learner's Permit?	
Other (please specify)	

G. Language Proficiency

Name of Language	Indicate competence on a scale of 1 to 5 (1 – excellent; 5 – basic)		
	Speaking	Reading	Writing

H. Physical and Mental Health

If you have any medical condition, please give full details (e.g. chronic back pain, knee problem, epilepsy etc).	
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I. Motivation

Please use the provided space to answer the following questions:	
Why are you interested in the Building Australian Skills for Employment?	
Have you had your overseas qualifications recognised? Have you started the process? What has been your experience so far?	
What workplace skills & knowledge do you have that you would like to apply in an Australian workplace? What industry would you like to work in?	
What have been the greatest difficulties for you when seeking employment?	

What kind of assistance do you think you need to successfully find work?	
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J. Declaration

The Ethnic Communities Council of Queensland (ECCQ) collects the above requested information for the sole purpose of delivering the BASE Work Skills Traineeship program. ECCQ will keep this information, and any additional information and/or supporting documents you may be requested to provide, to meet the requirements of its Skilling Queenslanders for Work Services Agreement with the Queensland Government. ECCQ will treat your personal details confidentially and store them securely in line with organisational policies and procedures. ECCQ will not share any of your information, except for program progress reporting purposes to the Department of Employment, Small Business and Training or as otherwise required under its Services Agreement or with your approval to provide you with job search and other relevant assistance.

ECCQ is partnering with TAFE Brisbane as the Registered Training Organisation for the Certificate I in Business training. TAFE Brisbane will separately gather information and supporting evidence from all participants in line with applicable rules and regulations.

I, _____ (please print your full name), declare that the information provided by me in this form is true and correct to the best of my knowledge and I understand that:

- completion of this form does not guarantee me a place in the BASE training program and that I will be advised of the further participant selection outcome in due course.
- I may be asked to provide additional information and/or supporting documents to ECCQ during the selection process.
- ECCQ will collect, store and use my personal information solely to manage BASE Work Skills Traineeship Program in line with its *Skilling Queenslanders for Work Services Agreement* with the Queensland Government, and other applicable legislative requirements.
- TAFE Brisbane will separately collect, store and use my personal information for the purposes of delivering the accredited training under the BASE Work Skills Traineeship program.

Date:/...../2021

Signature: _____

Please return the completed Expression of Interest form to:

Ethnic Communities Council of Queensland (ECCQ)
253 Boundary St, West End QLD 4101
E-mail: rezaa@eccq.com.au

For any questions about the BASE program, please call Zack Sohrabi at ECCQ on 3844 9166 Or mobile 0429 449 832