**REGISTRATION FORM**

**All participants must be registered and sign a privacy declaration before undertaking any activities associated with a Regional Employment Trials (RET) Activity.**

**This form is to be completed by any volunteer unemployed participants who are not currently registered with a jobactive, ParentsNext or Transition to Work provider.**

## **Participants who are registered with and referred to a RET Activity by their jobactive, ParentsNext or Transition to Work provider do not need to complete this form. Their provider will have completed required forms.**

### **RET Activity Details (To be completed by Supervisor)**

Trial Region

|  |
| --- |
|  |

Activity ID number

|  |
| --- |
|  |

Activity Name

|  |
| --- |
|  |

Activity Supervisor

|  |
| --- |
|  |

Date of commencement in Activity

|  |
| --- |
|  |

### **Participant details (To be completed by Participant)**

Title

|  |
| --- |
|  |

Surname

|  |
| --- |
|  |

Given name (s)

|  |
| --- |
|  |

Preferred name

|  |
| --- |
|  |

Date of birth

|  |
| --- |
|  |

Gender: Male [ ] Female [ ] X (Indeterminate/Intersex/Unspecified) [ ]

Country of birth

|  |
| --- |
|  |

**Residential address**

Number and street

|  |
| --- |
|  |

Suburb or town

|  |
| --- |
|  |

State or Territory Postcode

|  |  |
| --- | --- |
|  |  |

**Postal address** (if different from residential address)

Number and street/PO Box

|  |
| --- |
|  |

Suburb or town

|  |
| --- |
|  |

State or territory Postcode

|  |  |
| --- | --- |
|  |  |

**Other contact details**

Preferred telephone/mobile number

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

Emergency contact name

|  |
| --- |
|  |

Emergency contact number

|  |
| --- |
|  |

**Optional personal circumstances questions**

a) How long have you been unemployed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Do you identify as Aboriginal or Torres Strait Islander? Yes / No

c) Are you from a culturally or linguistically diverse background? Yes / No

 - If yes, what culture(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Are you a refugee? Yes / No

e) Do you have a disability? Yes / No

### **Special Requirements**

Before you participate in this activity the Supervisor must perform a Participant risk assessment to assess your personal circumstances (that is, working capabilities, any health or other personal issues and level of experience) before placing you into the activity.

Do you have any special requirements that the supervisor will need to be aware of for you to perform this Activity? Yes / No If yes, please detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Privacy and your personal Information

Your personal information is protected by law, including the *Privacy Act 1988* (Cth).

Your personal information is collected on behalf of the Australian Government Department of Education, Skills and Employment (the Department) for the purpose of administering the Regional Employment Trials (RET) Program and providing you with appropriate services and assistance, including

* delivering employment services to you;
* evaluating and monitoring the programs and services provided to you as part of the RET project in which you are participating;
* contacting you about your participation in the RET Program;
* helping to resolve complaints; and
* involving you in surveys conducted by the Department or on behalf of the Department.

If you do not provide some or all of your personal information, the Department may not be able to provide you with appropriate employment services and assistance.

Your personal information may be collected from and given to third parties for the purpose of providing you with appropriate employment services and assistance including:

* Commonwealth agencies;
* contracted providers of other agencies where those providers are delivering services to you;
* the Department’s Employment Facilitator in your region;
* stakeholders involved in the RET project in which you are participating including employers.

Your personal information may also be used by the Department or given to other parties where you have agreed, or where it is otherwise permitted, including where it is required or authorised by or under an Australian law, such as social security law, a court or tribunal order, or where a duty of care exists.

The Department’s Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the Department will deal with such a complaint. A copy of the Department’s Privacy Policy can be found on the [Privacy page](http://www.employment.gov.au/privacy) of our website or by requesting a copy from the Department via email at privacy@dese.gov.au.

**Declaration by Participant[[1]](#footnote-1)**

By signing below, I confirm that:

* I have read and understood the completed form, and the information included in the form is complete and true to the best of my knowledge.
* I have read, understood and agree to the collection, use and disclosure of my personal information as outlined above.
* I declare that, to the best of my knowledge, I am not prohibited by law from working in Australia.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**(Where applicable) Additional declaration by legal guardian or administrator of individual.[[2]](#footnote-2)**

I have been appointed the legal guardian or administrator of the Participant and, as such, I am authorised to sign this declaration for, and on behalf of the Participant (please tick box) Yes ❑

1. Note: Participants under the age of 18 are permitted to sign this declaration as long as they do not have a guardian or administrator appointed. [↑](#footnote-ref-1)
2. Note: Where the Individual has been appointed a guardian or administrator, the guardian or administrator must sign the declaration. [↑](#footnote-ref-2)