



APPLICATION FORM

Please complete both sides of this form in BLOCK LETTERS

Application for: (Please ✓ type and stream)

TYPE

- APPRENTICE
- SCHOOL BASED APPRENTICE
- TRAINEESHIP
- SCHOOL BASED TRAINEE

STREAM

- BAKING/PASTRY
- COOKING
- FOOD AND BEVERAGE
- FRONT OFFICE

Surname: _____ First Name(s): _____

Address: _____ Suburb: _____ Post Code: _____

Date of Birth: _____ Age: _____ Male/ Female

Email: _____

Telephone: _____ Mobile: _____

Driver's Licence: Yes / No If yes, class of licence: _____ Own Vehicle: Yes / No

If still at school, what day is your release day/s from school to attend your traineeship /apprenticeship? _____

Do you live at home? Yes / No

Are you currently attending school/college? Yes / No If no, date left full time education: _____

Last current school/college: _____ Highest completed school level: Year 10 11 12

Are you currently employed? Yes / No If yes, where do you work? _____

How long have you been employed there? _____ In what role? _____

Are you doing any other training? Yes/No If yes please specify: _____

Have you previously applied for a position with Hospitality Group Training? Yes/No

Are you a current Apprentice/ Trainee? Yes/ No If yes, date commenced: _____ Indenture No: _____

How long have you been registered? _____ Months

Are you a holder or in receipt of the following:

- Health Care Card
- AUSTUDY OR ABSTUDY
- Youth Allowance
- Pensioner concession card
- Respiration Health Benefits card

Customer reference No: _____

Have you completed any Training courses under the Australian Quality Framework (AQF)? Yes/No

If yes, to which certificate level? AQF 1 AQF 2 AQF 3

Name of Qualification: _____

Where completed: _____ Date Achieved? _____

Have you undertaken any vocational studies? Yes/ No

If yes: Course Name: _____ Training Provider: _____ Date completed: _____



Do you have any illnesses or disabilities that may affect your ability to carry out day-to-day work tasks? Yes / No

If yes, please ✓:

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Dyslexic	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Mobility Problems	<input type="checkbox"/>	Afraid of Heights	<input type="checkbox"/>
Blood Disorder	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Nervous System	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Difficulties	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Difficulties e.g. ADD/ADHD		Concentrating			

Other (please describe): _____

Do you smoke? Yes / No

Are you willing to undergo a medical if required? Yes / No

**Failure to disclose existing or previous disabilities may affect your eligibility for workers compensation (Section 79 – Workers Compensation & Rehabilitation Act 1981)*

HGT is an Equal Opportunity Employer

Are you of Aboriginal and/or Torres Strait Islander origins? Yes / No

Are you an Australian citizen or permanent resident? Yes / No If no, give nationality details: _____

Were you born in Australia? Yes / No if no, in which country were you born? _____

Which language do you mainly speak at home? _____

Are you registered with Centrelink? Yes / No If yes, which office: _____

Please describe any other relevant learning/experience/skills (Please supply a current CV or 2 references):

What interests you about working in the hospitality industry?

How did you hear about Hospitality Group Training? _____

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1988

Pursuant to Section 10 of the above act you are advised that:

- We have collected your personal information for application purposes.
- We will not disclose your personal information to a third party without your consent.
- If you do not provide the personal information we request, we may not be able to complete your application
- You may access personal information we hold about you on provision of a request in writing and with reasonable notice.
- If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to us and why, and of the relevant matters in this notice.

I agree to the above and certify that all details are correct.

Signature of Applicant
Name(print): _____
Date: _____

Signature of Parent/Guardian
Name(print): _____
Date: _____
Mobile No: _____

IMPORTANT! To enable us to process this application, please enclose a copy of your resume, 2 written references, copies of your last 2 school reports and any college results.

Please return to Hospitality Group Training: 11-13 Lucknow Place, WEST PERTH WA 6005 or PO Box 1290, WEST PERTH WA 6872 F 94811603 P 94811602