

Part A – All fields are to be completed by the Employment Service Provider (ESP)

Job Seeker's Name: _____ Contact Number: _____

Job Seeker's Address: _____

Contact Phone Number for Job Seeker. _____

Job Seeker's ID Number: _____

Copy of Centrelink income Statement Form attached : (This need to be obtained for Commonwealth requirements)

Criminal History Check

Has the Job Seeker been convicted of an offence in the last 10 years? **Yes / No.**

(If 'Yes' please check with the Security Licensing Unit of the Office of Fair Trading on 131304 before seeking a referral.)

Referred for Training in : **CPP20207. Certificate II in Security Operations**

The Applicant is

- | | | | |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Australian citizen living in Queensland; or | <input type="checkbox"/> | and one of the following: | <input type="checkbox"/> |
| <input type="checkbox"/> Permanent resident of Australia living in Qld; or | <input type="checkbox"/> | Registered with an Employment Services Provider (ESP) | <input type="checkbox"/> |
| <input type="checkbox"/> Humanitarian refugee living in Qld | <input type="checkbox"/> | An income support recipient who is not currently required to meet activity test or participant requirement; or | <input type="checkbox"/> |
| | | A participant in the Community Development Employment Projects Scheme (CDEP); or | <input type="checkbox"/> |
| | | Not currently working and seeking or intending to seek paid employment or self employment after completing the qualification; or | <input type="checkbox"/> |
| | | A participant in the Commonwealth Access Program; or | <input type="checkbox"/> |
| | | Not currently working but participating in volunteering activities; or | <input type="checkbox"/> |
| | | A person aged 18 – 19 years working up to 15 hours per week | <input type="checkbox"/> |

Name of ESP: _____ **ESP Address:** _____

I certify that this application has been assessed as being suitable for undertaking training in CPP20207, Certificate II in Security Operations, and that the job seeker is registered with us and meets Productivity Placement Programme requirements.

ESP Referring Officer: _____ **Phone:** _____

ESP Signature: _____

Email: _____ **Fax:** _____

Part B – Job Seeker

I, _____, give permission for the information on this form to be shared between my
(Job Seeker's Name)

ESP and Morrissey Group Pty Ltd and I understand this information is covered by the Privacy Act.

Job Seeker's Signature: _____ **Date:** _____

Part C – To be completed by Morrissey Group Pty Ltd.

The applicant has been assessed by Morrissey Group Pty Ltd as suitable for the course and has been enrolled

Expected Start Date: _____ Expected End Date: _____ or

The applicant has not been enrolled for the nominated course

Contact Name and Number: _____ Phone: _____ Date: _____