

FAST Start Program

APPLICATION FORM

SAT Initiative by PST (Please print clearly)

PERSONAL INFORMATION

Surname: _____ Given Names: _____

Address: _____ Post Code: _____

Home Phone Number: _____ Mobile: _____ Email: _____

Are you an Australian Citizen or Permanent Resident? YES NO Date of Birth: _____

IF YOU ARE UNDER 18 YEARS OF AGE WE REQUIRE YOUR PARENT/GUARDIAN DETAILS

Name: _____ Relationship to you: _____

Their Address: _____

Their Home Phone Number: _____ Their Mobile Number: _____

Email: _____ Parent/Guardian Signature: _____

THIS WILL ALSO BE THE PERSON WE NOTIFY IN CASE OF EMERGENCY**GENERAL****As we are concerned for your welfare, do you suffer from the following:**

Asthma Yes / No

Knee problems Yes / No

Back problems Yes / No

Diabetics Yes / No

Epilepsy Yes / No

Allergies Yes / No

Arthritis Yes / No

Blood pressure / heart ailments Yes / No

Other – please specify: _____

SCHOOL INFORMATION**(To be completed by a School Representative and Student)** Please circle**Preferred Release Day :** Monday Tuesday Wednesday Thursday Friday

Current Year at School: _____ Name of School: _____

How would you rate the students' suitability for the position?

 SUITABLE RECOMMENDED HIGHLY RECOMMENDEDLevel of written English competent average Poor and will need assistance

Students Attendance record at school GOOD / NEEDS IMPROVEMENT

Student's reliability GOOD / NEEDS IMPROVEMENT

Student's attitude GOOD / NEEDS IMPROVEMENT

Student LUI Number: _____

Name of School Representative providing the Endorsement: _____

Please Print

Signed by Vet Co-ordinator/ILO: _____ Date: _____

DECLARATION:

- * I will abide by company rules and policies as declared to me, or contained in the induction handbook, notice board or manuals and as amended from time to time.
- * In the event of being requested, I am willing to reveal the contents of any vehicle, bag, locker or other container I may be carrying whilst on the property of the company
- * I will agree to retain the confidentiality of company documents; systems, manuals and financial reports and I understand that not doing so may be grounds for my expulsion from the course.
- * I declare that the information I have given you is true and correct and I have not held back any relevant information you should be aware of when considering whether to accept my application.
- * I acknowledge that PST is not responsible for any smoking related health issues that may exist presently or that I may develop in the future. I acknowledge that I will be smoking of my own choice at the designated smoking area. I will not smoke in my uniform at any time.
- * I will agree to meet the PST grooming standards and my host employers requirements
- * I will be committed to the program and commit to one full weekday for working (8 hours) and be flexible to work weekends, evenings and available during the holiday.
- * Attend all training that is schedule on a Saturday as scheduled through out the year.
- * I am committed to completing the necessary theoretical units to obtain my qualification
- * I sign this declaration to confirm I have read and agreed to the above conditions.

STUDENT TO ATTACH CHECKLIST Resume

My Application will not proceed until all required information is provided

SIGNATURE OF APPLICANT _____**DATE** ____/____/____