

Eligibility Checklist

Employer:		Employer Address:																																							
Traineeship:		Site location:		Date joined company:																																					
Employee Name:		Date of Birth:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>																																				
Are you an Australian Citizen or Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Average hours worked per week?																																							
What was the highest level of secondary school completed? What year did you leave secondary school?																																									
<p>Previous qualifications: Please detail any qualifications you have completed since leaving secondary school, this includes: TAFE courses, Traineeships/Apprenticeships, University. Also include any current studies you may be undertaking.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Title of Qualification</th> <th>Name of Training Organisation</th> <th>State/Country</th> <th>Length of Course</th> <th>F/time or P/time course</th> <th>Successfully completed course</th> <th>If yes, what year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> </tr> </tbody> </table>							Title of Qualification	Name of Training Organisation	State/Country	Length of Course	F/time or P/time course	Successfully completed course	If yes, what year						YES <input type="checkbox"/> NO <input type="checkbox"/>							YES <input type="checkbox"/> NO <input type="checkbox"/>							YES <input type="checkbox"/> NO <input type="checkbox"/>							YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<p>Are you a Full Time employee as full time YES <input type="checkbox"/> NO <input type="checkbox"/> If you stated Yes, have you been employed for more than 3 months YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are you a Part Time employee as part time YES <input type="checkbox"/> NO <input type="checkbox"/> If you stated Yes, have you been employed for more than 12 months YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have you ever been an Apprentice or Trainee? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, give details:</p> <p>If you have received a qualification from overseas, have you obtained Australian recognition? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you stated YES, what year did you obtain recognition?</p>																																									
Signature of Employee:				Date:																																					
Signature of Employer:				Date:																																					

INTERNAL USE ONLY	Cert III/IV New Trainee	Cert III/IV Existing
Eligible YES/NO	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:		

Insert Tracking Sheet Number: NAC: Date NAC Booked: