

BACK TO WORK EMPLOYEE CONSENT FORM

This form must be completed by the **employee**. If the employee is under the age of 18 years, this form must be co-signed by a parent or guardian unless there are circumstances where it is not appropriate for a parent or guardian to co-sign, for example, the employee lives independently of a parent or guardian. Please note electronic signatures are not accepted.

| | | | |
|---------------------------------------|--------|-----------|--|
| Full name (per government issued ID): | | | |
| Phone number: | | | |
| Address (line 1) | | | |
| Address (line 2) | | | |
| Suburb/City: | State: | Postcode: | |
| Email address: | | | |
| Employer (business name): | | | |

I commenced employment with my employer on (DD/MM/YYYY):

I am employed by my employer on a:

- Casual basis
 Part-time basis
 Full-time basis
 Other (please specify): _____

Did you work for this employer at any time in the 52 weeks prior to the employment date above?

- Yes
 No

Prior to commencing employment with my employer, I was unemployed for:

- Less than four weeks
 Between four and 52 weeks
 More than 52 weeks

Please provide the following details of your former employment (if this is your first job, write 'N/A'):

- Business Name of your previous employer (if applicable):

- Date you ceased employment with your previous employer (if applicable):

Employee Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

If this form is not co-signed by a parent/guardian, please indicate the reason why:

I have provided my employer with the following government issued identification (only one form of identification is required for the purpose of Back to Work application submission):

- Australian driver licence
 adult proof of age card (e.g. 18+ card)
 birth certificate (commemorative birth certificates are not accepted)
 citizenship certificate
 Australian or New Zealand passport
 International passport with proof of Australian residency

I understand and agree that:

- The information I have provided on this form is true and correct to the best of my knowledge.
 If I have concerns with the information I have provided, I can contact the Department of Employment Small Business and Training via email compliance@desbt.qld.gov.au.
 I understand my employer intends to employ me on an ongoing basis.
 My employer has disclosed to me an intent to submit an application to the Back to Work Program (Department of Employment Small Business and Training) in relation to my employment.
 I give permission for my employer to provide the information disclosed in this form to the Back to Work Program for the purpose of this application.
 I give permission for the Back to Work Program to contact me by either telephone or email to request and/or confirm information in relation to this application.