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’):

1. Business Name of your previous employer (if applicable):

2. 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:

__________________________________________________________________________________

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