

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:

<input type="checkbox"/> Casual basis	<input type="checkbox"/> Part-time basis
<input type="checkbox"/> Full-time basis	<input type="checkbox"/> Other (please specify): _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Prior to commencing employment with my employer, I was unemployed for:

<input type="checkbox"/> Less than eight weeks	<input type="checkbox"/> Between eight and 52 weeks	<input type="checkbox"/> More than 52 weeks
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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) (DD/MM/YYYY) _____

Employee initials here



Queensland
Government

Do you identify as one (or more if applicable) of the following groups?

<input type="checkbox"/> Young person aged between 15-24	<input type="checkbox"/> Aboriginal and Torres Strait Islander
<input type="checkbox"/> Long-term unemployed (unemployed for 52 weeks or longer)	<input type="checkbox"/> Person with disability (this includes but is not restricted to people who have long-term physical, mental, cognitive, intellectual or sensory impairments).

If you are an apprentice or trainee, are you directly employed by your employer or is your employment hosted through a group training organisation?

<input type="checkbox"/> I am directly employed by my employer	<input type="checkbox"/> I am hosted through a group training organisation	<input type="checkbox"/> Not applicable
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Identification

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):

<input type="checkbox"/> Australian driver license	<input type="checkbox"/> Adult proof of age card e.g. 18+ card)	<input type="checkbox"/> Birth certificate (commemorative birth certificates are not accepted)
<input type="checkbox"/> Citizenship certificate	<input type="checkbox"/> Australian or New Zealand passport	<input type="checkbox"/> International passport with proof of Australian residency

Declaration

I understand and agree that:

The information I have provided on this form is true and correct to the best of my knowledge:

<input type="checkbox"/> If I have concerns with the information I have provided, I can contact the Department of Employment, Small Business and Training via email at compliance@desbt.qld.gov.au
<input type="checkbox"/> I identify as belonging to one (or more if applicable) of the abovementioned groups.
<input type="checkbox"/> I understand my employer intends to employ me on an ongoing basis.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.

Have you had contact with a local Back to Work Jobseeker Officer?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature

Employee Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

If the employee is under 18 and this form is not co-signed by a parent/guardian, please indicate the reason why:
