Traineeship Transition to Employment Referral Service Form

## Section 1 (completed by applicant)

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| --- | --- | --- | --- | --- | --- | --- |
| **Candidate details** | | | | | | |
| **First name** | |  | | **Middle name** | |  |
| **Last name** | |  | | | | |
| **Date of birth** | | Date field | | | | |
| **Gender** | | Man or male  Woman or female  Non-binary  [I/They] use a different term (please specify) Text field  Prefer not to answer | | | | |
| **Residential address** | |  | | | | |
|  | | | | |
| **Home number** | |  | | **Mobile** |  | |
| **Personal email** | |  | | | | |
| **Traineeship details** | | | | | | |
| **Host agency** | |  | | | | |
| **Traineeship qualification** | |  | | | | |
| **Date commenced** | | Date field | Date completed | | | Date field |
| **Do you identify as being (optional)** | | Aboriginal or Torres Strait Islander  A person with disability  Culturally and linguistically diverse  Please state your first language: Text field | | | | |
| **Submission checklist** | | | | | | |
| **Check that you have included the following with your application** | | | | | | |
|  | Traineeship Transition to Employment Referral Service form. | | | | | |
|  | Certificate II, III or IV in Government as proof of traineeship completion. | | | | | |
| **I acknowledge the following conditions by submitting my application** | | | | | | |
|  | There is no guarantee of employment as a result of this application. | | | | | |
|  | My details may be provided to a public sector agency so I can be considered for a Level 1 position. | | | | | |
|  | I can request to have my registration removed at any time. | | | | | |
|  | I will be deregistered from the program 12 months after being registered. | | | | | |
|  | I will be automatically deregistered from the program if I am permanently employed in a public sector agency. | | | | | |

## Section 2 (completed by agency)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency endorsement** | | | | | |
| **Agency** | |  | | | |
| **Applicant name** | |  | | | |
| **Trainee supervisor** | | | | | |
| **Full name** | |  | | | |
| **Position title** | |  | | | |
| **Email address** | |  | | | |
| **Contact phone** | |  | | | |
| **The trainee is considered suitable for a Level 1 position** | | | | | |
| Yes | | No | | | |
| Comments (optional) | | | | | |
| **Human resources manager** | | | | | |
| **Full name** | |  | | | |
| **Email address** | |  | | | |
| **Contact phone** | |  | | | |
| **Agency confirmation the following statements are applicable** | | | | | |
| Yes | The agency would employ the trainee in a Level 1 position however there is no current vacancy. | | | | |
| Yes | The agency acknowledges that should a ‘request to fill a vacancy’ be forwarded to the Traineeship Transition to Employment Service within the next 12 months, the candidate may be referred to that position. | | | | |
| **Signature (electronic accepted)** | | |  | **Date** | Date field |

## Section 3 (completed by Public Sector Commission)

|  |  |
| --- | --- |
| **Office use only** | |
|  | Candidate has been registered in the program |
|  | Certificate II, III or IV in Government (proof of traineeship completion) |
| **Agency endorsement** | |
|  | Trainee is considered suitable for a Level 1 position |
|  | Signed off by HR Manager |

Email completed form to [youth@psc.wa.gov.au](mailto:youth@psc.wa.gov.au)