



Australian Government

Workforce Australia

Direct Registration Form

Privacy and your personal information

Your Personal Information is protected by law, including the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. The Personal Information you provide on this form is collected by your Workforce Australia Employment Services Provider, Yarrabah Employment Services Provider, Transition to Work Provider or your Self-Employment Assistance Provider (Provider) on behalf of the Australian Government Department of Employment and Workplace Relations (the Department) to deliver employment services and provide you with appropriate services and assistance, including to:

- Workout whether you are eligible for Workforce Australia Services, Yarrabah Employment Services, Transition to Work or Self-Employment Assistance
- register you with the relevant Provider
- contact you about your participation in employment services
- deliver employment services to you and help you find a job
- help in evaluating and monitoring the programs and the services provided to you by Providers
- help to resolve complaints made by you or your Provider
- include you in surveys conducted by the Department or on behalf of the Department.

If you do not provide some or all of your personal information, the Department cannot ensure that you are provided with the most suitable level of employment assistance.

You can request assistance from your Provider to complete this form if required. You may also have a nominee, including a family member, advocate, social worker or counsellor, with you for support when filling out this form.

Your personal information may be disclosed to Providers, and to agencies involved in the administration of employment services and income support payments and services. This includes Services Australia, the Department of Social Services, the National Indigenous Australians Agency and their respective contracted providers where those providers are delivering services to you. Your personal information may be disclosed to relevant Ministers responsible for employment services and income support payments. In addition, your personal information may be disclosed to other third parties, such as activity hosts and employers, in the delivery of employment services to you.

Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted, including where it is required or authorised by or under an Australian law, such as social security law, a court or tribunal order.

Sensitive information is a subset of 'personal information'. Sensitive information includes, for example, information such as your cultural or linguistic background, religious beliefs, criminal record, health information or membership of professional or trade associations. You are taken to consent to the collection of any sensitive information included on this form by the Department and your Provider.

The Department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the Australian Privacy Principles and how the Department will deal with such a complaint. A copy of the Department's Privacy Policy can be found on the [Privacy page](#) of our website or by requesting a copy from the Department via email at privacy@dewr.gov.au



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Participant identification details

Are you already registered with:

- Services Australia
- a Disability Employment Services provider
- an Australian Disability Enterprise
- a Community Development Program provider
- a Harvest Trail Services provider
- a Self-Employment Assistance provider
- a Yarrabah Employment Services provider
- a Transition to Work provider
- a Workforce Australia Employment Services provider

Yes No

If **yes**, please provide your Job Seeker Identification Number **and/or** your Services Australia Customer Reference Number (this information can be found on any letter to you from Services Australia or your Services Australia Health Care Card or Concession Card).

Job Seeker Identification Number

Services Australia Customer Reference Number

1. Your personal details

Title

Family name

First name(s)

Preferred name

Date of birth

Gender

Male Female

Indeterminate/Intersex/Unspecified

Country of birth

Is English your first language?

Yes No

Do you require access to an interpreter?

Yes No

if **yes**, what language?

2. Are you known by any other names?

For example, a maiden name, previous married name, Indigenous or community name.

Yes No

Other name(s)

3. Your contact details

Postal Address

Number and street/PO Box

Suburb or town

State or Territory

Postcode

Residential address (if different from postal address)

Number and street/PO Box

Suburb or town

State or Territory

Postcode

Other contact details

Best contact method

Home telephone number

Work telephone number

Mobile telephone number

Fax number

Email address

4. Income support

Do you receive a payment from Services Australia?

Yes No

If **yes**, please provide the name of the payment.

(Your provider will confirm the type of payment with Services Australia)



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5. Personal circumstances

a. Are you an Australian citizen or permanent resident?

Yes No

If **yes**, go to 5d.

b. Are you a visa holder?

Yes No

If **yes**, please provide details about your visa and work rights.

c. Are you an overseas visitor to Australia, or here on a working holiday?

Yes No

d. Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal

Did not answer Yes, Torres Strait Islander

e. Are you currently working 15 hours or more per week?

Yes No

If **yes**, go to 6.

f. Are you in full-time Education or training?

Yes No

Questions for retrenched workers and their partners

g. Have you or your partner been retrenched from your job in the past 6 months or will you be retrenched within the next 3 months?

Yes No

If **no**, go to 6.

If **yes**, you are eligible for immediate access to Workforce Australia Services.

- Please write the name of the organisation you or your partner's position was retrenched from.

- Please provide written proof of retrenchment, such as a letter from your Employer or an Employment Separation Certificate which includes the date or expected date of retrenchment.

For partners of retrenched workers:

- Please provide written proof of your partner's retrenchment, such as a letter from your partner's Employer or an Employment Separation Certificate which includes the date of retrenchment.
- If applicable, you will also need to provide evidence of living with your partner at the time of the retrenchment.

Use only when undertaking a Direct Registration to Transition to Work

Transition to Work eligibility questions:

- Do you have a year 12 Certificate or Certificate III or higher qualifications? Yes No
 - If yes, what is the certificate/qualification?

 - If yes, did you get the certificate/qualification more than 6 months ago? Yes No
- Have you been working an average of 8 hours or more per week for the last 4 weeks (32 hours)? Yes No
 - If no, have you worked in paid employment in the last 6 months? Yes No
- Are you currently enrolled in secondary education? Yes No
 - If no, have you been enrolled in secondary education in the last 6 months? Yes No
 - If yes, have you attended secondary education in the last 4 weeks? Yes No
- Do you have an exemption from legal requirements to attend school? Yes No

For Transition to Work Provider to action

Tick to confirm the young person is eligible for direct registration (Group 2) in Transition to Work (as per Transition to Work guidelines).

For Participant to action

I understand what Transition to Work Services I can receive, including what help I can access to improve my work readiness and examples of activities that I may take part in.

I agree to participate in Transition to Work Services for up to 18 months unless I advise my Transition to Work Provider that I no longer wish to participate.

Use only when undertaking a Direct Registration to Yarrabah Employment Services

Yarrabah Employment Services eligibility questions:

- Do you live in the Aboriginal Shire of Yarrabah or East Trinity, including Giangarra, Koombul, Bessie Point, Second Beach or are in the Cairns Employment Region and have a physical address in the Aboriginal Shire of Yarrabah? Yes No



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6. Proof of identity

You must provide the documentation specified in either Group A or Group B (detailed below).

Documents must be shown to your provider.

Note to Workforce Australia Employment Services Providers: Participants Directly Registering as a Vulnerable Youth or Vulnerable Youth (Student) are only required to provide basic proof of identity before starting to receive Services.

Group A

You must provide **one** of the following:

- Drivers licence number

- Current Australian passport number

- Other form of photo identification from a government department or agency.

Please specify type of identification.

Identification number

Group B

You must provide **two** of the following:

- financial institution (bank) documents¹ including
 - ATM/credit cards showing name and signature
 - bank statement showing your name and address

¹ Identification or account numbers are not copied or recorded.

Other documents — any of the following documents:

- birth certificate or birth certificate extract
- certificate of Australian citizenship
- motor vehicle registration papers with current address
- Australian marriage certificate
- documents showing registration of a change of name
- divorce papers
- trade certificate
- insurance renewal documents showing current address
- Medicare card
- other (please specify)

If you cannot provide information in either Group A or Group B, talk to your Provider about what other forms of documentation are sufficient to prove your identity. For example, documentation that shows your name and address (postal or residential) can be used to confirm your identity. This could include rates notices, mobile phone or other bills. Alternatively, other forms of documentation that contain your name, such as letters of reference, payslips from previous employment, library and other club memberships or education certificates may be used. Where you do not have sufficient documentation, Services Australia may be able to assist.

Details of documentation shown to your Provider.



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Declaration by Participant:

By signing below, I confirm that:

- I have read and understood the completed form, and the information included in the form is complete and true to the best of my knowledge.
- I have read, understood and agree to the collection, use and disclosure of my personal information as outlined on the first page of this form and in the Department's [Privacy Policy](#).
- I am not currently participating in any other Australian Government Employment Programs (such as Disability Employment Services).
- I understand that if I am a work-release prisoner, I have been referred by a state or territory correctional service officer.
- I understand what services I can receive, including what help I can access to find a job and activities that I may take part in.
- I understand that my personal information may be given to Providers, who may view and use this information for the purposes of registering me for and delivering programs and services.
- I understand that my personal information may be transferred between Providers for the purpose of delivering services.
- I understand my personal information may also be transferred between the Department, Providers and Services Australia for the purposes of delivering services.
- My Provider has explained the Service Guarantee to me, if applicable.
- I declare that, to the best of my knowledge, I am not prohibited by law from working in Australia.

(Where applicable) Additional declaration by legal guardian or administrator of Participant: ²

I have been appointed the legal guardian or administrator of the Participant and as such, I am authorised to sign this declaration for, and on behalf of, the Participant (please tick box).

Yes

Signed:

Date:

Printed name:

² Note: Where the Participant has been appointed a guardian or administrator, the guardian or administrator should sign the declaration.

Declaration by Workforce Australia Employment Services Provider, Yarrabah Employment Services Provider, Transition to Work Provider or Self-Employment Assistance Provider

By signing below, I confirm that:

- I have discussed with the Participant the level and type of Services available to them, including what help they can access to find a job and activities they may take part in, and the required eligibility to participate in those Services.
- I confirm that myGov verification could not be completed.
- I have encouraged the Participant to provide as much relevant information as possible during the registration process, so that they can receive the help that best meets their needs.
- I have sighted documents establishing the Participant's proof of identity (e.g. driver's licence) and any required visa documentation.
- I have established the Participant is eligible to work in Australia.
- The information about the Participant, as entered on this form and in the Department's IT Systems, is true and correct to the best of my knowledge.
- I have discussed the Service Guarantee (if applicable) with the Participant and have made them aware of their rights and the obligations of a Workforce Australia Employment Services Provider and Transition to Work Provider outlined in the relevant documents.
- I have checked that all relevant questions in this form have been answered.

Signed:

Date:

Printed name:

Organisation:

Location/ Site:



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