

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 jobactive Provider, New Employment Services Trial Provider (Trial Provider), New Enterprise Incentive Scheme Provider or Harvest Trail Services Provider on behalf of the Australian Government Department of Education, Skills and Employment (the Department) to:

- work out whether you are eligible for jobactive or Trial Provider Services, the New Enterprise Incentive Scheme and related self-employment services, or Harvest Trail Services
- register you with a jobactive or Trial Provider, New Enterprise Incentive Scheme Provider or Harvest Trail Services Provider
- 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 the Department's contracted Providers
- help to resolve complaints made by you or your jobactive or Trial Provider, New Enterprise Incentive Scheme Provider or Harvest Trail Services 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 jobactive or Trial Provider, New Enterprise Incentive Scheme Provider or Harvest Trail Services 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 passed on to and between the Department's contracted Providers, and to agencies involved in the administration of employment services and income support payments and services, including Services Australia, the Department of Education, Skills and Employment, the Department of Home Affairs, the Department of Social Services, the Australian Taxation Office and the Department of the Prime Minister and Cabinet and their respective contracted providers where those providers are delivering services to you. In addition, your personal information may also be shared with third parties, such as activity hosts and employers, in the delivery of employment services to you.

Where appropriate to do so, this information may also be shared with and between these and other organisations (including contracted service providers) in the course of providing you with employment services and assistance and in evaluating and monitoring those services and assistance.

Please note that your sensitive personal information may also be used by the Department or given to other parties where you have agreed, or where the Department 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, or where a duty of care exists.

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@dese.gov.au

Participant identification details

Are you already registered with:

- Services Australia
- a Disability Employment Services provider
- an Australian Disability Enterprise
- a Community Development Programme provider
- a Harvest Trail Services provider
- New Enterprise Incentive Scheme provider
- a jobactive or Trial 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 or the Department of Veterans' Affairs?

Yes No

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

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

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

f. Are you registering for harvest work only?

Yes No

If **yes**, go to 6.

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

Yes No

h. Are you currently receiving workers compensation?

Yes No

Questions for retrenched workers and their partners

i. Have you or your partner been retrenched from your job?

Yes No

If **no**, go to 6.

Confirmation must be sought from your jobactive or Trial Provider to confirm your eligibility for any one of the below retrenched worker assistance programs.

j. Have you or your partner been retrenched from ASC Shipbuilding Pty Ltd or an eligible supply chain business in the last 6 months?

Yes No

If **yes** you may be eligible for immediate access to Stream B jobactive assistance or Trial Provider Services through a Structural Adjustment Programme.

If **no**, you are still eligible for immediate access to jobactive or Trial Services. Your provider will assess the level of services you should receive.

- 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
- if you are still working, and have received support through a Structural Adjustment Programme before registering with a jobactive or Trial Provider, please provide evidence of support received.

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.

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 jobactive and Trial 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 for 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.

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 programmes (such as Disability Employment Services)
- I understand that if I am in receipt of the Disability Support Pension and volunteering for employment assistance, I may need an Employment Services Assessment to ensure I am referred to the most appropriate service and to determine suitable participation levels in that service. This will not review my eligibility for the Disability Support Pension.
- I understand that if I am a work-release prisoner I have verified that 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 examples of activities that I may take part in.
- I understand that my personal information may be provided to Department-contracted providers, who may view and use this information for the purposes of registering me for, and delivering programmes and services.
- I understand that my personal information may be transferred between employment providers for the purpose of delivering services.
- I understand my information may also be transferred between the Department, employment providers and Services Australia for the purposes of delivering services.
- My provider has explained the Service Guarantees and their Service Delivery Plan 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 jobactive or Trial Provider, New Enterprise Incentive Scheme Provider or Harvest Trail Services Provider:

By signing below, I confirm that:

- I have discussed with the Participant the level and type of Services available to them and the required eligibility to participate in those Services.
- 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.
- I have established that 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 Guarantees and my Service Delivery Plan (if applicable) with the Participant, and have made them aware of their rights and the obligations of a jobactive or Trial Provider outlined in the relevant documents.
- I have fully informed the Participant about what services they can receive, including what help they can access to find a job and examples of activities that they may take part in.
- I have checked that all relevant questions in this form have been answered.

Signed:

Date:

Printed name:

Organisation:

Location/ Site: