

Traineeship/ Apprenticeship Eligibility Check Permission Form



This eligibility check permission form **must** be completed; if it is not completed **in full** your application will not be accepted. The information that you provide will be given to MEGT Australian Apprenticeship Centre to confirm your eligibility to undertake an apprenticeship or traineeship with Clarence Valley Council.

Personal Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other: _____
First name:						
Family name:						
Previous names known by: eg maiden name						
Date of birth:						

Education

In what year did you complete high school?	
What was the highest year of school completed?	
Have you completed a previous Apprenticeship or Traineeship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following information:	
Apprenticeship / Traineeship title:	
Qualification received:	
Date of completion:	
Have you completed any other qualifications eg Certificate levels I, II, III or IV; Diploma; Advanced Diploma or a university degree?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following information:	
1. Qualification name:	
Date of completion:	
2. Qualification name:	
Date of completion:	

I hereby give Clarence Valley Council permission to provide MEGT Australian Apprenticeship Centre my personal information and education details. I confirm that all the information I have provided is true and correct to the best of my knowledge at the time of submission

Name: _____ Signature: _____ Date: _____

HR Use Only

<input type="checkbox"/> Confirmation of eligibility requested:	Signature:		Date:	
<input type="checkbox"/> Confirmation of eligibility received	Signature:		Date:	
<input type="checkbox"/> Approval given for interview	Signature:		Date:	