AGFUTURES Participation Expression of Interest Form



Full Name	
Date of Birth	DD MM / Phone Number
Email Address	
Residential Addre	ess
Street	Town
Suburb	Postcode
Parent/Guardian Details (If you are under the age of 18)	
Full Name	Contact Number
MORE INFORMATION ABOUT YOU 1. Do you hold a current First Aid Certificate? No Yes Expiry	
2. Have you had	work experience in the last 6 months? No Yes
2a. If Yes:	Casual Part Time Full Time
3. On a scale of 1 to 5, how familiar are you with the agriculture industry? Where 1 = Unfamiliar/No experience and 5 = Have worked in industry/family-owned farm 1 2 3 4 5	
4. Have you prev	riously completed any studies/qualifications in agriculture? No Yes
4a. If Yes:	High School Certificate II Certificate III or higher
5. Are you willing / able to travel to farm? No Yes 5a. If Yes: 10 - 20km 20 - 30km 30km+ 5b. If No, would housing support be of assistance? No Yes	
6. Do you hold a current driver's license? No Yes 6a. If Yes: Learners P Plates Full	
7. When are you available to start?	
8. How would you like to be contacted? Email Phone	
Office use only:	
Pre-employment	required? No Yes If yes, briefly explain:
Comments:	