



## RECORD OF TRAINING / QUALIFICATIONS

Name.....  
(Surname) (Given names)

Please complete the following:

1. Do you have a current First Aid Certificate? Yes/No
2. If No, are you willing to obtain a First Aid Certificate? Yes/No
3. Have you worked before with people with disabilities? Yes/No
4. If Yes, in what areas? Physical Intellectual Sensory Psychiatric  
(Please Circle)
5. Please give a brief history of any relevant work experience in relation to the above, including main duties performed.

(Please attach paper if extra space required).

OCCUPATION	EMPLOYER	DATES	DUTIES PERFORMED
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

6. Have you ever undertaken any formal training in relation to this type of work?  
(University or TAFE Courses, Personal Care Assistant Courses etc.  
Please attach copies of any relevant certificates). Yes/No

7. If Yes, please indicate type of Qualification held.

Training Institution	Course	Dates	Qualification gained
----------------------	--------	-------	----------------------

.....  
.....  
.....  
.....

8. Please indicate any other training you may have undertaken that may be relevant to this position. (Eg Lifting courses, Workshops, Personal Study, In House Training provided by employers etc.)

.....  
.....  
.....  
.....

9. Would you be willing to undergo any further training if deemed necessary?  
Yes/No

I,....., hereby state that the information supplied in this questionnaire is true and correct.

Signed:.....

Date:...../...../.....