

Section 3 – Employment History

Are you currently or have you ever been employed? (please tick ✓)

Yes

No

(if **NO** move to **Section 4**)

If **YES**, please provide details below of the occupation/s you have held that are relevant to this RPL application?

Details: Employer 1

Business name:		Address:	
Workplace Supervisor name: <i>(Will be contacted as a professional referee)</i>		Contact #	
Period of Employment: (DD/MM/YYYY)	From:	/ /	To: / /
Position held:		Full Time <input type="checkbox"/>	Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Work Experience <input type="checkbox"/>
Description of duties performed:			

Details: Employer 2

Business name:		Address:	
Workplace Supervisor name: <i>(Will be contacted as a professional referee)</i>		Contact #	
Period of Employment: (DD/MM/YYYY)	From:	/ /	To: / /
Position held:		Full Time <input type="checkbox"/>	Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Work Experience <input type="checkbox"/>
Description of duties performed:			

Details: Employer 3

Business name:		Address:	
Workplace Supervisor name: <i>(Will be contacted as a professional referee)</i>		Contact #	
Period of Employment: (DD/MM/YYYY)	From:	/ /	To: / /
Position held:		Full Time <input type="checkbox"/>	Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Work Experience <input type="checkbox"/>
Description of duties performed:			

Details: Employer 4

Business name:		Address:	
Workplace Supervisor name: <i>(Will be contacted as a professional referee)</i>		Contact #	
Period of Employment: (DD/MM/YYYY)	From: / /	To: / /	
Position held:		Full Time <input type="checkbox"/>	Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Work Experience <input type="checkbox"/>
Description of duties performed:			

Section 4 – Further Training

Have you undertaken any training courses related to the occupation applied for?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (if NO move to Section 5)
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If **YES**, please provide details below.

Training 1			
What were you trained in? (Provide detailed description)			
Training completion date: (DD/MM/YYYY)		/ /	State/Country where trained:
Name of course and institution (if applicable)			

Training 2			
What were you trained in? (Provide detailed description)			
Training completion date: (DD/MM/YYYY)		/ /	State/Country where trained:
Name of course and institution (if applicable)			

Training 3			
What were you trained in? (Provide detailed description)			
Training completion date: (DD/MM/YYYY)		/ /	State/Country where trained:
Name of course and institution (if applicable)			

Section 5 – Additional Evidence

Is there any further information you wish to give to support your application? (Please supply below)

Section 6 – Supporting documents

If you are including documents in your application, please provide a brief description below.

Document Description (e.g. resume, photos, awards etc)	Office Use Only – Assessor to use this section to align documents to specific units of competency and identify key questions for competency conversation

Section 7 – Candidate’s Declaration

Candidate Signature:		Date:	/ /
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I declare that the information contained in this application is true and correct and that all documents are genuine

OFFICE USE ONLY

As delegated BrisbaneSDE RTO Officer, I acknowledge that I have sighted the original or authenticated copies of the documents (copies attached) which support this application and approve the above decisions

Name: _____

Signature: _____ **Date:** _____

RPL ENTERED ON: **POWERPRO** **SDSC** **SLIMS** **Date:** _____