



Instructions

This form must be completed by the employee. If the employee is under the age of 18 years, this form must be co-signed by a parent or guardian unless there are circumstances where it is not appropriate for a parent or guardian to co-sign (for example, the employee lives independently of a parent or guardian).

Full name (per government issued ID)

Telephone number

Address

Suburb/City	State	Postcode

How long have you lived at this address? If you have lived at this address for less than 12 months, where did you live prior?

Do you identify as one or more of the following groups?

- Young person aged between 15-24
- Aboriginal or Torres Strait Islander
- Australian South Sea Islander
- Culturally and linguistically diverse background

Email address

Employer (business name)

I commenced employment with my employer on (dd/mm/yyyy)

I am employed by my employer on a:

- Full-time basis (at least 35 hours per week)
- Part-time basis (at least 20 hours per week)
- Other (please specify)

Did you work for this employer at any time in the 52 weeks prior to the employment date above?

- Yes
- No

Please provide the following details of your former employment (if this is your first job, write 'N/A'):

Business name of your previous employer (if applicable)

Date you ceased employment with your previous employer (if applicable)

I have provided my employer with the following government issued identification (only one form of identification is required for the purpose of the Maritime Employment Grant Program):

- Australian driver licence
- Adult proof of age card (e.g. 18+ card)
- Birth certificate (commemorative birth certificates are not accepted)
- Citizenship certificate
- Australian or New Zealand passport
- International passport with proof of Australian residency

I understand and agree that:

- The information I have provided on this form is true and correct to the best of my knowledge
- If I have concerns with the information I have provided, I can contact the Backing Queensland Maritime Jobs Initiative team via email BQMJ@msq.qld.gov.au
- I understand my employer intends to employ me on an ongoing basis
- My employer has disclosed to me their intent to submit an application to the Backing Queensland Maritime Jobs Initiative in relation to my employment
- I give permission for my employer to provide the information disclosed in this form to the Backing Queensland Maritime Jobs Initiative team for the purpose of this application
- I give permission for the Backing Queensland Maritime Jobs Initiative team to contact me by either telephone or email to request and/or confirm information in relation to this application.

Employee signature

Date

Parent/Guardian name

Parent/Guardian signature

Date

If this form is not co-signed by a parent/guardian, please indicate the reason why