



## REGISTRATION FORM INFORMATION

First Name: *Dion* Middle Name: Last Name: *Reginald* Gender: *Male* Data of birth: *01/01/1970*

Full Address: *Level 9, 10 Queen Street, MELBOURNE VIC 3000* Unit: Street Number: *10* Street Name: *Queen Street* Suburb: *MELBOURNE*

State: *VICTORIA* Post code: *3000* Mobile: *0412345678* Email: *diondexter.reginald@gmail.com*

Are you currently registered with any jobactive provider? If yes kindly specify the provider name. *No*

Residential Status: *Working Visa* Visa Expiry Date: *2024-12-18*

### Emergency Contact Information

Full Name *XXXXXXXXXX* Relationship *Father* Mobile Phone Number *0412345678* Home Phone Number

### Referee 1 Information

Referee 1 Name *XXXXXXXXXX* Referee 1 CompanyName *XXXXXXXXXX* Referee 1 Position *XXXXXXXXXX* Referee 1 Relationship

Referee 1 Mobile *0412345678*

### Referee 2 Information

Referee 2 Name *XXXXXXXXXX* Referee 2 CompanyName *XXXXXXXXXX* Referee 2 Position *XXXXXXXXXX* Referee 2 Relationship

Referee 2 Mobile *0412345678*

### Bank Account Information

Account Name *ABCD* Bank Name *XXXXXXXXXX* BSB *123-456* Account Number *12345678910*

### Tax File number Declaration Information

Tax File Number *123456789*

On what basis are you paid? *Casual*

Are you: *Australian resident*

Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

*Yes*

Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance

Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? *No*

Your payer will withhold additional amounts to cover any compulsory Yes repayment that may be raised on your notice of assessment.



Super Fund Information

Super check *DO NOT HAVE OWN SUPER ACCOUNT* Super Account Name Super Fund Name Super Membership Number

Super Fund Address Super Phone No Super Website Super Fund ABN

Super Fund USI

Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.

Police check Information

Do you have a Australian police clearance *No*

Do you have any prior or pending criminal history?

*No*

Statutory Declaration

I, Dion Reginald of Level 9, 10 Queen Street, MELBOURNE VIC 3000 DEMO, do solemnly and sincerely declare that:-

X I have never been convicted of a criminal offence in Australia

X I have never been convicted of a criminal offence and/or sentenced to imprisonment in any country other than Australia

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at Level 9, 10 Queen St, Melbourne

this 28 day of Oct 2024

Police Check Authority Form Declaration

Date	Nature of Offense

Please tick the most suitable box.I have completed the enclosed Application Form and provided sufficient ID so that Chandler Personnel can conduct a National Police Check on my behalf

Fit2Work

Place of birth(Required)

Suburb *XXXXXXXXXX* State *XXXXXXXXXX* Country *XXXXXXXXXX*

Additional Details Previous names(if applicable)

First Name: *XXXXXXXXXX* Middle Name *XXXXXXXXXX* Last Name *XXXXXXXXXX* Type *Previous*

5 Year Previous Address

Unit Number Street Number *XXXXXXXXXX* Street Name *XXXXXXXXXX*

Suburb *XXXXXXXXXX* State *XXXXXXXXXX* Post code *XXXXXXXXXX* Country *XXXXXXXXXX*

5 Year Previous Address

Unit Number Street Number Street Name

Suburb State Post code Country

Documents

Aust. Drivers Licence No. *XXXXXXXXXX* State/Territory *VIC*

Passport No. *XXXXXXXXXX* Passport Country *XXXXXXXXXX* Passport Type *Private*



X I confirm that I have watched and understood the work health and safety module video 1

X I confirm that I have watched and understood the work health and safety module video 2

X I confirm that I have watched and understood the work health and safety module video 3

X I confirm that I have watched and understood the work health and safety module video 4

## Health Questionnaire

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Health and safety of our employees is of utmost importance to Outapay. This questionnaire is designed to assist us in ensuring that our employees are only placed in the assignments which they are capable of performing efficiently and in a safely manner.

Please read this document carefully and discuss any queries that you may have prior to completing the form with your respective Outapay Consultants.

**IMPORTANT:** The information obtained in this questionnaire will be treated in strict confidence and will only be used in conjunction with the requirements of an assignment.

### INJURY DECLARATION

You are required to disclose to Outapay Consultants any or all existing or pre-existing injuries, illnesses or diseases suffered by you which could be accelerated, aggravated, deteriorate or recur by you performing the responsibilities associated with the employment for which you are applying with Outapay Consultants.

If you fail to disclose this information or if you provide false and misleading information in relation to any pre-existing injury/condition you and your dependents may not be entitled to any form of workers' compensation and this may also constitute grounds for disciplinary action or dismissal.

### Section A : Health History

Please select the appropriate answer:

Have you ever been medically retired on the grounds of ill health? *No*

Do you have a physical or psychological condition that might preclude you from some work duties or certain workplace environments (eg. asthma, Hay fever, vertigo)? *No*

Do you suffer from any allergies?

*No*

Some work duties and workplace environments may not be advisable for pregnant women. If you wish to indicate that you are pregnant you may do so voluntarily here. *No*

Any neck or shoulder injuries/pain

*No*

Any arm, hand, elbow or wrist injury/pain

*No*

Repetitive strains or overuse injury

*No*

Epilepsy, fits, seizures, blackouts

*No*

Loss of hearing, Impaired Hearing

*No*

Stress/Anxiety or nervous disorder

*No*

Fatigue / tiredness related issues

No

**Asthma or other respiratory/breathing problems**

No

**Arthritis, rheumatism**

No

**Dizziness, fainting, vertigo**

No

**Head Injury**

No

**Speech impairment**

No

**Any back injury/pain e.g. Scoliosis**

No

**Any knee, leg or ankle pain/injury**

No

**Persistent or frequent headaches, migraines**

Yes

**Skin disorders, dermatitis, eczema**

No

**Any stomach strains/hernias etc.**

No

**Difficulty with vision or sight in either eye, Impaired Vision**

No

**Any problems with bones/joints or muscles**

No

**High / Low blood pressure**

No

**Lung disorders/ Nerve disorders**

No

**Any operations or surgery? If Yes Please give details**

No

**Stomach problems, ulcers**

No

**Heart trouble, angina**

No

**Infectious disease**

No

## Section B : Medical Details

Please select the appropriate answer:

**Are you currently receiving any medical treatment for illness, injury or medical condition?**

No

**Are you taking any medication that has the potential to cause drowsiness or affect your work performance (including operating machinery)?**

No

**Do you have any pre-existing and/or chronic and/or long term injuries or illness?**

No

**Have you ever had a work related injury?**

No



## Section C : Physical Abilities

Please indicate whether you have, or could have, difficulties performing any of the following activities.

**Crouching/bending/ Kneeling (repeatedly)**

No

**Sitting for up to 30 minutes**

No

**Working above shoulder height**

No

**Hearing a normal conversation**

No

**Climbing a ladder/working at heights**

No

**Walking/working on uneven ground**

No

**Handling meat and/or food produce**

No

**Performing Shift Work**

No

**Standing for 30 minutes**

No

**Lifting objects weighing 15 kilograms or more**

No

**Gripping objects firmly with both hands**

No

**Repetitive movement of hands or arms**

No

**Walking up and down stairs**

No

**Using hand tools/operating machinery**

No

**Wearing personal protective equipment (PPE)**

No

**Working in confined spaces or underground**

No

**Working in hot/cold environments inc. refrigerated storage**

No

## PRIVACY POLICY

Your privacy is important to Chandler Services. It is our commitment to protect the privacy of the information of our employees and others. This statement outlines our privacy policy and how we manage and disclose personal information.

### What is your personal information?

Personal information is any information or an opinion (whether true or not) about you. It may range from the very sensitive (eg. criminal history, medical history or condition) to the everyday information (eg. full name, address, and phone number). It would include the opinions of others about your work performance (whether

true or not), your work experience and qualifications, aptitude test results and other information obtained by us in connection with your possible work placements.

#### **Why is your personal information collected?**

Your personal information will be collected by the experienced team of consultants at Chandler Services. It is collected and held to assist Chandler Services in determining your suitability for work placements. It is also used for staff management and in order to identify any training requirements.

#### **How will your information be collected?**

Personal information will be collected from you directly when you fill out and submit one of our registration forms or any other information in connection with your application to us for registration. Personal information will also be collected when:

- we receive any reference about you
- we receive the results of any competency or medical test
- we receive performance feedback (whether positive or negative)
- we receive any complaint from or about you in the workplace
- we receive any information about a workplace accident in which you are involved
- we receive any information about any insurance investigation, litigation, registration or professional disciplinary matter, criminal matter, inquest or inquiry in which you are involved
- you provide us with any additional information about you

#### **How will your information be used?**

Your personal information may be used in connection with:

- your actual or possible work placement
- your performance appraisals our assessment of your ongoing performance and prospects
- any test or assessment (including medical tests and assessments) that you might be required to undergo
- our identification of your training needs
- any workplace rehabilitation
- our management of any complaint, investigation or inquiry in which you are involved
- any insurance claim or proposal that requires disclosure of your personal information

#### **Who might your personal information be disclosed to?**

- potential and actual employers and clients of Chandler Services
- Referees
- companies within the Chandler Services Group
- our insurers
- a professional association or registration body that has a proper interest in the disclosure of your personal information
- a workers compensation body
- our contractors and suppliers (eg. IT contractors and database designers)
- any person with a lawful entitlement to obtain the information

#### **How can you gain access to your personal information that we hold?**



Under privacy legislation you have a right to see any personal information about you that we may hold. If you are able to establish that any of the information that we hold about you is not accurate, complete and up to date we will take reasonable steps to correct this.

#### **How is your personal information stored?**

Chandler Services takes all reasonable steps to ensure that information held in paper or electronic form is secure, and that it is protected from misuse, loss, unauthorized access, modification or disclosure. All staff at Chandler Services will take reasonable steps to ensure that personal information is only used for recruitment purposes or disclosed to other organisations to the extent necessary for our business purposes. When personal information is no longer required it will be destroyed.

#### **Changes to our Privacy Policy?**

If any changes are made to Chandler Services' Privacy Policy, they will be posted on our website so that you are always kept up to date about the information we might use and whether it will be disclosed to anyone.

#### **Inquiries or Feedback?**

If you have any questions or concerns about our commitment to your privacy, please don't hesitate to contact us on 1300 499 449.



I HAVE READ AND UNDERSTOOD THE ABOVE PRIVACY POLICY.

**Candidate Signature**

A handwritten signature in blue ink, consisting of a stylized 'X' or 'R' shape.