



Mission Australia



Return this form to:

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PRE-ASSESSMENT FORM

EMPLOYMENT DETAILS	PRIOR QUALIFICATIONS (if applicable)
Employer: _____ Manager: _____ Employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Casual If Part-Time/Casual – total hrs worked p/week? _____ Date employment commenced: ____/____/____	Have you successfully COMPLETED any qualifications? <input type="checkbox"/> NO <input type="checkbox"/> YES Date Completed: _____ DATE ____ / ____ / ____ If YES, then tick ANY applicable boxes: <input type="checkbox"/> Pre-Apprenticeship/Pre-Vocational <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (eg, trade certificate) <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma/Adv Diploma/Bachelor Degree/higher <input type="checkbox"/> Certificate other than above
PERSONAL DETAILS	Title of qualification/s obtained: _____ _____ Was this qualification(s) obtained overseas? <input type="checkbox"/> NO <input type="checkbox"/> YES
Family Name: _____ Given Name/s: _____ D.O.B: ____/____/____ <input type="checkbox"/> Female <input type="checkbox"/> Male	If YES, has this qualification been recognised in Australia? <input type="checkbox"/> NO <input type="checkbox"/> YES Have you COMMENCED but NOT COMPLETED any qualifications? <input type="checkbox"/> NO <input type="checkbox"/> YES Title and level of qualification: _____
CITIZENSHIP DETAILS	Are you currently undertaking any other study? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, please list title and level of qualification: _____
<input type="checkbox"/> Australian Citizen or permanent resident <input type="checkbox"/> NZ passport holder who has been resident in Australia for 6 months or more <input type="checkbox"/> Other – Visa document number _____ Details: _____ _____	Highest level of secondary school completed: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Did not go to school Year Completed: _____
OTHER INFORMATION	Year Completed: _____
DECLARATION	Year Completed: _____

In lieu of my signature, I understand that this information may be used by Mission Australia Australian Apprenticeships Centre to pre-assess eligibility of Australian Government Incentives for my employer and any future Australian Apprenticeship I may undertake.

OFFICE USE ONLY

- Eligible for incentives
- Not Eligible for incentives
- New Entrant Existing Worker

- Commencement Re-Commencement
- Completion Other

TYIMS Check Info:

MA AAC Consultant: Theo Pappas

Date: ____/____/____