Candidate Registration Form

Personal Details

Name		Surname	
Street Address			
Town / Suburb		Postcode	
Mobile Phone		Home Phone	
Email			
Date of Birth			
Proof of ID (office use only)	AU / NZ Birth Certificate ☐ Passport ☐	AU / NZ Drivers Licence ☐ AU 18+ Card ☐	
Postal Address (if different to above)			
Town / Suburb		Postcode	
Emergency Contact Name			
Relationship			
Emergency Contact Phone			

Right to Work in Australia

To comply with the *Migration Act 1958* Red Rock Recruitment is required to ensure that any candidate applying for work has a legal right to work in Australia.

Any candidate that is an Australian or New Zealand citizen or a permanent resident of Australia will be required to produce both primary and secondary identification to prove their right to work.

Any candidate that is not an Australian or New Zealand citizen or permanent resident of Australia will be required to produce passport identification; and Red Rock Recruitment will check their right to work status with the Australian Government's Department of Immigration and Border Protection.

Are you an Australian or New Zealand citizen? (if no please complete passport details below)				Yes / No
Red Rock partners with companies that support Indigenous employment initiatives. Please indicate which of the following best describes you.	Aboriginal ☐ Torres Strait Islander ☐		Both ☐ Non - Indigenous ☐	
Are you registered with a Job Network Provider?	Yes ☐		No ☐	
If yes, please list company				
Job Network contact person	Name:		Number:	
Full name (as it appears on passport)				
Passport number & Country of issue				
Type of visa				*Visa sighted? Yes / No (Office use only)*

Bank Details

Name of bank																	
Account name																	
BSB							Account number										
Email address (to send pay slips)																	

Superannuation Details

Do you have an existing superannuation fund?	
Yes	Please complete the attached 'choice of superannuation fund' form. Please note, if the form is not fully and correctly completed or is not returned, you will become a member of Red Rock Recruitment' default super fund, AustralianSuper
No	You will become a member of Red Rock Recruitment' default super fund, AustralianSuper.

Redundancy and Long Service Leave Fund Details

Fund name	
Membership number	

Qualifications / Education

Please list your qualifications / education	
Please list any professional memberships	

Work Preferences

What type of work are you seeking?	Please circle: Full time / Part time / Casual / Contract			
Are you currently employed?	Yes / No If yes, what is your notice period?			
Current position				
Preferred position				
Do you have a driver's license?	Yes	☐	No	☐
Do you have your own reliable transport?	Yes	☐	No	☐
Are you willing to relocate?	Yes	☐	No	☐

Work References

Please provide at least two recent references. (Must be Managers or direct Supervisors)

If you are new to the workforce, please notify our Recruiter so they can assist you.

Company name	
Referee name	
Referee position title	
Referee phone number	
Referee email	
Relationship to referee	
Summary of duties	

Company name	
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Summary of duties	

Candidate Consent

Employee personal details consent

collects information for employment, recruitment and labour hire purposes.

This includes the general purpose of finding you suitable employment opportunities with our clients and prospective employers.

Your identity and personal details may be provided to clients and prospective employers once a suitable position has been identified or a client or potential employer wished to make contact with you.

Do you consent to your details being collected, sorted and used for the purpose as described above?	Yes / No

Note: Should you need to change or update any of the information you have provided in this form, please contact Red Rock Recruitment.

Reference check consent

Red Rock Recruitment would like permission to contact your referees, whether provided during an interview, over the phone or via email.

Do you consent to Red Rock Recruitment contacting your referees?	Yes / No

SMS and email consent

Do you consent to receiving SMS / email alerts about employment opportunities from Red Rock Recruitment?	Yes / No

Authority to check qualification and conduct a Police Check

Red Rock Recruitment would like permission to enquire and confirm the details of your qualifications listed (in this form or your resume).

Do you consent to your qualifications being checked and confirmed by Red Rock Recruitment? This may include a Police Check if requested by the client.	Yes / No

Workplace Health and Safety Guide

Do you confirm that you have read and understood Red Rock Recruitment' Workplace Health and Safety Guide?	Yes / No

Photo consent

Do you consent to your photo being taken and used for Red Rock Recruitment' promotional purposes?	Yes / No

Employee Declaration

Red Rock Recruitment and its employees have a working knowledge of State and Commonwealth legislation affecting the placement and employment of work seekers.

Red Rock Recruitment will make all placements as required under the relevant legislation.

I hereby declare that the details provided by me to Red Rock Recruitment from time to time, including the information provided in this form, are true and correct.

I hereby give my consent to all of the matters in this form where I have nominated that my consent is given.

I understand that before being employed for any temporary assignment or permanent role, additional checks and information may be required and I will be advised of this at the time of briefing.

Name:_____Signature:_____Date:____/____/_____

Pre-Assignment Medical Assessment Form

PERSONAL DETAILS

SURNAME:	**GIVEN NAMES:**
DATE OF BIRTH:	**HEIGHT (cm) & WEIGHT (kg):**
RESIDENTIAL ADDRESS:	
	POST CODE:
PHONE (Home):	**PHONE (Mobile):**

FAMILY DOCTOR:	**PHONE:**

NOTE FOR PERSONNEL:

The purpose of obtaining a Medical Declaration is to ensure the individual is fit to perform their duties effectively without risk to self or others' health & safety. Medical declarations will be referred to by emergency care provider in the event an employee requires emergency care.

This Medical Declaration form provides an overview of an individual's medical history status, to ensure any emergency care and work place activities are managed effectively as required. The details provided will ensure:

1. Appropriate available information for emergency care providers (First Aiders / Paramedics) may reduce the capacity to provide the best care possible for an injured employee.
2. Identification of employee conditions may limit, reduce or prevent him/her from performing their job effectively (e.g. musculoskeletal conditions that limit mobility).
3. Identification of employee conditions may be aggravated by the job (e.g. excessive physical exertion in some cardio respiratory conditions; exposure to certain allergens in asthma).
4. The employee's condition may make it unsafe for him/ her to do the job (e.g. liability to sudden unconsciousness at the work place, allergy to bees).
5. The employees condition is likely to make it unsafe both for him/ her and others, whether fellow workers and/ or the community (e.g. road or railway driving, in someone who is liable to sudden unconsciousness or to behave abnormally).

EMERGENCY CONTACT	
SURNAME:	**GIVEN NAMES:**
ADDRESS:	
PHONE (Home)	
RELATIONSHIP:	

Declaration: I declare answers provided above are true and accurate to the best of my knowledge and understand that any false or misleading information may result in termination of employment.

Authorisation: I hereby authorise Red Rock Recruitment Pty Ltd to release the contained information as required for Medical /First Aid treatment.

SIGNATURE:	**DATE:**

MEDICAL INFORMATION				
Have you received medical advice, treatment or suffered from any of the following conditions?				
Please answer **Yes / No** to the following.	**Yes**	**No**		**If Yes please provide details.**
1. Respiratory (Asthma / Bronchitis/Pneumonia)	☐	☐		
2. Circulatory (Blood Pressure /Heart/ Haemophilia)	☐	☐		
3. Psychological (Anxiety / Depression / Stress)	☐	☐		
4. Digestive (Stomach Problems / Ulcers)	☐	☐		
5. Seizures / Blackouts / Fainting	☐	☐		
6. Muscular (Strain / Sprain / Arthritis)	☐	☐		
7. Skeletal (Dislocation/ Fracture)	☐	☐		
8. Neck or Back Injury	☐	☐		
9. Visual (Eye Injury / impairment / Sight Loss)	☐	☐		
10. Auditory (Hearing Loss / Infection)	☐	☐		
11. Headaches / Migraines	☐	☐		
12. Organ (Liver / Kidney)	☐	☐		
13. Hernia	☐	☐		
14. Dermatitis	☐	☐		
15. Diabetes	☐	☐		
16. Tuberculosis	☐	☐		
17. Hepatitis / HIV	☐	☐		
18. Allergies (Provide Details)	☐	☐		
19. Injury from motor vehicle incident	☐	☐		
20. Injury from sporting activity	☐	☐		
21. Have you ever undergone surgery	☐	☐		
22. Have you ever been hospitalised	☐	☐		

Have you ever claimed Workers Compensation?	☐	☐		
Nature of Injury				
Date of Injury				
Employer				
Final Medical Clearance	**Yes☐ No ☐**		**Yes☐ No ☐**	**Yes☐ No ☐**

Do you have difficulty with any of the following?	**Yes**	**No**		**If Yes please provide details.**
1. Hearing normal conversation	☐	☐		
2. Vision (Short / long sighted or vision impaired)	☐	☐		
3. Repetitive movement (Neck /Hand / Arms / Leg)	☐	☐		
4. Climbing a ladder or stairway	☐	☐		
5. Using hand tools / Gripping objects firmly	☐	☐		
6. Crouching / Lifting / Bending	☐	☐		
7. Prolonged sitting or standing	☐	☐		
8. Walking on rough ground	☐	☐		
9. Running 100 metres	☐	☐		
10. Maintaining concentration	☐	☐		

Do you currently?	**Yes**	**No**		**If Yes please provide details.**
1. Take Prescribed / Over the Counter Medication	☐	☐		
2. Smoke	☐	☐		
3. Regularly drink alcohol	☐	☐		