Industry training – Term 3

Industry training is available to individuals seeking employment to work with the Department of Education swimming programs.

Complete all details to ensure efficient processing.

Applications close two weeks prior to preferred start date.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | **Gender:** | | | |  |
| Date of birth: | | |  | | | | | | | | | | | | | | **Age:** | | | |  |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **Phone:** |  | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | |
| Medical conditions: | | | | | | | |  | | | | | | | | | | | | | |
| Emergency contact name: | | | | | | | |  | | | | | | | | | | | | | |
| Emergency contact number: | | | | | | | |  | | | | | **Relationship to you:** | | | | | | |  | |
| Trainees are not insured through the Department of Education.Contact your course provider for insurance details. | | | | | | | | | | | | | | | | | | | | | |
| Industry training  Trainees should ensure they are available Monday to Friday on the nominated weeks. | | | | | | | | | | | | | | | | | | | | | |
| Preferred start date:  (Please rank in order of preference) | | | | | |  | Week 3-4, 31 July – 11 August 2023 | | | | | | | | | | | | | | |
|  | Week 5-6, 14 August – 25 August 2023 | | | | | | | | | | | | | | |
|  | Week 7-8, 28 August – 8 September 2023 | | | | | | | | | | | | | | |
|  | Week 9-10, 11 September – 22 September 2023 | | | | | | | | | | | | | | |
| Preferred location: | |  | | South metro | | | | | |  | North metro | | | | |  | | | Country | | |
| Country location: | | | | | | |  | | | | | | | | | | | | |
| Course provider: | |  | | | AUSTSWIM | | | | |  | | RLSSWA | | |  | | | SCTA | | | |
| Documentation – I have attached copies of the following: | | | | | | | | | | | | | | | | | | | | | |
|  | Current CPR qualification | | | | | | | | | | | | | | | | | | | | |
|  | Online theory completion from my course | | | | | | | | | | | | | | | | | | | | |
|  | Department of Education Nationally Coordinated Criminal History Check (18 years or older) | | | | | | | | | | | | | | | | | | | | |
|  | Working with children card or receipt of application (18 years or older) | | | | | | | | | | | | | | | | | | | | |
| All documentation must be provided to process application  Send all documentation to: [Interm-metro@education.wa.edu.au](mailto:Interm-metro@education.wa.edu.au?subject=Industry%20training%20application) | | | | | | | | | | | | | | | | | | | | | |