




**PORT CURTIS CORAL COAST TRUST LTD**

 Port Curtis Coral Coast Trust Ltd  
 Level 1/3 Maryborough St  
 BUNDABERG QLD 4670

 (07) 4167 0037  
 reception@pccctrust.com.au  
 PO Box 537  
 BUNDABERG Q 4670

## PCCC EMPLOYMENT AND TRAINING EXPRESSION OF INTEREST FORM

Please return your completed form via email to [reception@pccctrust.com.au](mailto:reception@pccctrust.com.au) or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670.

If you have any queries or require assistance to complete this form, please contact the PCCC Trust's Employment and Training Coordinator on (07) 4167 0037 or [reception@pccctrust.com.au](mailto:reception@pccctrust.com.au)

### APPLICANT INFORMATION: \*Please print clearly and in capital letters\*

Surname:		First Name:	
Street address:			
City:	State:	Post Code:	
Phone:		E-mail:	
<b>Postal address (If same as street address write 'AS ABOVE'):</b>			
City:	State:	Post Code:	
Date of Birth:		Gender:	
<b>IF APPLICANT IS UNDER 18, PARENT/CARER TO SIGN APPLICATION FORM: Please indicate relationship to applicant:</b>			
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Carer
<input type="checkbox"/> Other (please specify): .....			



[www.pccctrust.com.au](http://www.pccctrust.com.au)

**PLEASE INDICATE THE PCCC GROUP OF THE APPLICANT ON THIS APPLICATION:**

Byellee                       Gurang                       Gooreng Gooreng                       Taribelang

Do you identify as Indigenous?  Yes       No

Do you identify Aboriginal and/or Torres Strait Islander?

Aboriginal       Torres Strait Islander       Both

Please specify your language group (if known): .....

*\*If you identify as a PCCC descendant, 18+ years, and are not a current PCCC Trust member, PCCC Ltd encourages you to complete the Membership form\**

*View link to application: <http://www.pccctrust.com.au/programs/membership/>*

**NECESSARY PERSONAL INFORMATION**

Please tick 'Yes' or 'No' to show the following information you have obtained:

	<u>Yes</u>	<u>No</u>	
Drivers Licence:	<input type="checkbox"/>	<input type="checkbox"/>	Type: .....
Resume:	<input type="checkbox"/>	<input type="checkbox"/>	Date resume last updated: .....
Tax file:	<input type="checkbox"/>	<input type="checkbox"/>	Number: .....
White Card:	<input type="checkbox"/>	<input type="checkbox"/>	Number: .....
Superannuation:	<input type="checkbox"/>	<input type="checkbox"/>	Name of Super: .....
Workforce Australia Provider:	<input type="checkbox"/>	<input type="checkbox"/>	Name of W.A.P: .....

**RELEVANT EXPERIENCE AND OTHER CONSIDERATIONS**

Do you have any circumstances or conditions that may impact your ability to work?    Yes       No

If "Yes" please provide further details: .....

Please list any other formally recognised skills, qualifications, or certificates:

.....  
 .....