



2017-18 Career Services Projects Participant Exit Form

To be completed by the Project Provider

Project Name: Barossa Career Service

DSD Project ID: 82397

Participant Details (to be completed by the Project participant)

This project is fully or partially funded by the State Government of South Australia. Participating in this project represents an agreement to provide the Department of State Development with information relating to your educational, employment history and future contact. The information you provide will remain confidential.

On what date did you complete this Project? _____ / _____ / _____

First Name/s: _____ Last name: _____

If you have changed or are about to change your email and/or phone number, please provide your updated details:

Email: _____

Phone: _____ Mobile: _____

1. Did this project help you to get a new job? Yes No

If yes:

a) What date did your new job commence? _____ / _____ / _____

2. Did this project help you increase your hours of work? Yes No

3. Of the following categories, which best describes your current employment status? (tick one box)

Working

- full time employee (working 35 hours or more on average per week)
- part time employee (working under 35 hours on average per week)
- self-employed; not employing others
- self-employed; employing others
- unpaid worker in a family business

Continue to question 4.

Not working

- unemployed; seeking full time work
- unemployed; seeking part time work
- not employed; not seeking employment

Continue to question 5.

4. If you are **working**, please answer the following questions about your employment:

- a) **Is your employment:** Casual Contract
 Permanent Part time Traineeship/Apprenticeship
 Permanent Full time

b) **How many hours on average do you work each week?** _____ hours per week

c) If you were working before this project commenced:

Is your current position at a higher level of pay? Yes No

d) **In what occupation are you employed?** _____

e) **In what industry is your employment?** _____

f) **What is your job title?** _____

g) Please fill in your employer details:

Employer name: _____

Australian Business Number (ABN): _____

Physical Address: _____

Suburb: _____ **Postcode:** _____

Contact name and title of your Manager / Supervisor: _____

Email: _____

Phone: _____

5. **Have you commenced, or do you intend to commence, any of the following activities?** (tick all applicable boxes)

- Enrol in tertiary education – **continue to question 7**
- Enrol in Adult Community Education (ACE)
- Enrol in a non-accredited training course
- Undertake a work experience placement
- Undertake voluntary (unpaid) work
- Enrol in school or SACE equivalent

6. **If you have commenced or intend to enrol into tertiary education, what level of training will you undertake?** (tick one box)

- Certificate I Diploma (or Associate Diploma)
- Certificate II Advanced Diploma or Associate Degree
- Certificate III Bachelor or higher Degree
- Certificate IV Other, please specify: _____

7. Describe what elements of the project were useful to you:

8. Describe how you think the project could be improved:

Consent for the collection and use of personal information

Information held by the Department of State Development is subject to the 'Information Privacy Principles' issued by the South Australian Department of Premier and Cabinet. I understand that personal information that has been collected, used and stored will be dealt with by the Department of State Development in accordance with the relevant privacy guidelines.

I understand the meaning of this declaration and agree to the use of personal information as described above.

Signature: _____ **Date:** ____/____/____

Note: If the Participant is under 18 years of age at the time of signing, then the consent of their guardian is required.

Print full name of guardian: _____

Signature: _____ **Date:** ____/____/____

Thank you for completing this form. Please return it to the person who provided it to you. If you have any questions, please contact the Skills and Employment Infoline on **1800 506 266**.

To be completed by the Project Provider

I have discussed the above Participant Exit Form and have verified the information with:

Participant full name: _____

WorkReady Participant Number: _____

Please indicate how this form was completed: By phone Signed by Participant

As per the EPSA, the provider must deliver to the Minister written reports about employment outcomes, further training and the actions undertaken by the provider to assist participants.

Provider Declaration

Verified by:

Full name: Stephen Birch _____

Organisation: Regional Development Australia Barossa _____

DSD Project ID: 82397 _____

Signature: _____ **Date:** ____/____/____