



Employment Project and Services 2016 Participant Exit Form

(to be completed by the participant)

Project Name: Barossa Career Service

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 and employment history. The information you provide will remain confidential. Please provide the following personal details and answer the questions below.

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

Participant Details

First Name: _____ **Last Name:** _____

If you have changed or are about to change your address, please provide your updated postal details:

Postal Address: _____

Postal Suburb: _____ **Postcode:** _____

1. Did this project help you get a job or increase your hours of work?

Yes No

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

Working

- full time employee
- part time employee (*working less than 35 hours on average per week*)
- self-employed; not employing others
- un-paid worker in family business
- employer

Continue to question 3.

Not Working

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

Continue to question 9.

3. What is your employment type?

Casual Permanent Part time Permanent Full time Contract Traineeship/Apprenticeship

Please continue over the page

Project Details – Office Use Only

Grantee: RDA Barossa
Provider / Sub-contractor: RDA Barossa
DSD Project ID: 3137
Project Start Date: 01 / 07 / 2016
Project Finish Date: 31 / 12 / 2016

DSD Use Only	
Date checked:	
Checked by:	

4. How many hours on average are you working each week? _____ hours per week

5. If you commenced a new job, what date did you start? _____ / _____ / _____

6. In what occupation are you employed? _____

7. In what industry is your employment? _____

8. Have you commenced or do you intend to undertake any of the following activities:

- Enrol in Vocational Education and Training (VET)
- Enrol in Adult Community Education (ACE)
- Enrol in a non-accredited training course
- Undertake a work experience placement
- Undertake voluntary (un-paid) work
- Enrol in school or SACE equivalent

If you have commenced or intend to enrol into VET:

Do you intend to access *WorkReady* training? Yes No

What vocation do you intend to enrol in? _____

What level of training do you intend to undertake?

- Certificate I
- Certificate II
- Certificate III (or trade certificate)
- Certificate IV (or advanced certificate)
- Certificate other than listed
- Diploma (or Associate Diploma)
- Advanced Diploma or Associate Degree
- Bachelor or higher Degree

9. Describe what project activities were useful to you:

10. 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 with be dealt with by the Department of State Development in accordance with the relevant privacy guidelines.

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

Participant's Signature _____ Date / /

Parent/Guardian Declaration

(if you are under 18 years of age at the time of giving consent, then the consent of your parent/guardian is required)

Full name of parent/guardian: _____

Parent/Guardian's Signature _____ Date / /

PROVIDER USE ONLY

(To be completed when the participant does not have a parent/guardian who can co-sign the above consent)

I have discussed the above consent for collection and use of personal information with:

Participant's full name: _____

who understands the purpose and implications of providing consent. They do not have any impediments that would impact on providing consent.

Full Name: _____ Organisation: _____

Thank you for filling in this form. Please return it to the person who provided it to you.
If you have any questions you are welcome to contact Employment Directorate on **(08) 8463 6737**.