



# Worker Eligibility Questionnaire

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

1. You are currently employed as?  Full time  Part time  Casual

2. How long have you been employed by your employer? Years \_\_\_\_\_ Months \_\_\_\_\_

3. Are you an:  Australian Citizen

Permanent Resident

Temporary Visa Holder

NZ passport holder who has been in Australia for six months or more?

4. Have you ever **commenced** a Traineeship or Apprenticeship in Australia before?

Yes  No

If yes, state the qualification name and year of commencement \_\_\_\_\_

Did you complete it while still at School?  Yes  No

5. Have you obtained any other qualification since finishing school?  Yes  No

If Yes, what is the name and level of the Qualification? \_\_\_\_\_

Year Completed? \_\_\_\_\_

6. Are you currently undertaking any other study?  Yes  No

If yes, what is the name of the qualification you are studying? \_\_\_\_\_

7. Are you 45 or over?  Yes  No

8. Do you fall into any of the following categories?

Indigenous or Torres Strait Islander

You are an Intensive Support Customised Assistance Client

You have a previous qualification which cannot be used because of an injury or disability

You are in receipt of Disability Support Income

**Thank you for your participation, please return this questionnaire as soon as possible.**

*Note: The preliminary advice of eligibility to access Commonwealth Incentives provided herein is subject to MEGT undertaking a full assessment of eligibility criteria. A full assessment can only be made upon receipt by MEGT of fully completed and correct assessment documentation, and when requested by MEGT, additional information may be required. MEGT makes no representation about the accuracy or suitability of the information provided. All information is provided 'as is' without express or implied warranty. Australian Apprenticeship Incentive Program Guidelines are subject to change at any time without notice.*