



Candidate Information registration form

Contact details

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Postcode*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Education history

Are you still attending school? Yes No

Name of school _____

Current year of study 8 9 10 11 12

What was your last year level completed at school _____

Please provide information about your education / training (e.g. certificate III in Retail Operations)

Employment interests

Preferred industry / field: _____

Area of interest (e.g. meat retail, food safety, smallgoods, irrigation, horticulture, etc)

Do you have any references/referees from previous experience Yes No

Referees name _____ Company _____

Address _____

Availability to work Mon Tue Wed Thu Fri Sat Sun

After completing this form, please fax to Independent Institute on 08 8389 3357

IIFP acknowledges and respects the privacy of individuals. We advise that the information that you provide on this form may constitute "personal information" as defined by the Privacy Act 1988 (the "Act"). This information is being collected for the purposes of processing your order, registration or enquiry, keeping you informed of upcoming events and assisting us in improving our service to you. The intended recipients of the information are IIFP. The provision of the information is voluntary, but if this information is not provided, IIFP may be unable to process your order, registration or enquiry. You have the right of access to, and alteration of, personal information concerning yourself in accordance with the Act. The information is being collected by IIFP and will be held by IIFP. Please direct any enquiries you may have in relation to this matter to our Privacy Officer, IIFP.