

## Traineeship Program Application Form

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name				
Surname				
Address				
Suburb		State		Postcode
Email				
Phone			Mobile	
Drivers License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Drivers License Number		State		Expiry Date
Are you an Australian Citizen or Permanent Citizen?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you identify as Australian Aboriginal and/or Torres Strait Islander?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you under 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are under 18 years of age and applying for this Traineeship you must include the name and contact details of your parent and/or legal guardian		
Parent and or Legal Guardian Details		
First Name	<input type="checkbox"/>	<input type="checkbox"/>
Surname		
Address		
Suburb	State	Postcode
Email		
Phone	Mobile	

School Year Completed	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Year Completed			
Have you achieved or completed any formal training or qualifications since leaving school?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details below	
Name/Type of Training or Qualification			
Name/Type of Training or Qualification			
Name/Type of Training or Qualification			
Do you have any previous employment experience?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details about any (paid) work experience you have <i>(You do not need to have previous work experience to be eligible for the Traineeship)</i>			
Dates	Company/Business Name	Position Title	

Tell us why are you interested in completing a Scaffolding Traineeship with Caledonia? (max 150 words)


<b>Referee 1</b>		Professional <input type="checkbox"/>	Character <input type="checkbox"/>	<i>(Please not professional is preferred)</i>		
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>		
First Name			Surname			
Relationship						
Email						
Phone				Mobile		
<b>Referee 2</b>		Professional <input type="checkbox"/>	Character <input type="checkbox"/>			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>		
First Name	<input type="checkbox"/>	<input type="checkbox"/>	Surname	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship						
Email						
Phone				Mobile		

**Thank you for your Expression of Interest in Caledonia’s Traineeship Program**  
**ACTION: Please submit your completed Application Form by emailing**  
[recruitment@caledoniagroup.com.au](mailto:recruitment@caledoniagroup.com.au)

If you have any questions please do not hesitate to call us on (08) 8326 3365 or email us at [recruitment@caledoniagroup.com.au](mailto:recruitment@caledoniagroup.com.au) We will be in touch with all candidates via email to advise of the status of their application in due course. Places for our Traineeship Program are limited, we understand you may be disappointed if you are not selected and encourage you to apply for our next intake.