



## Job Ready Program – Confirmation Form

This form is to assist the Job Ready Program (JRP) with referring your application for a Job Ready Workplace Assessment (JRWA) and must be uploaded at the time of applying for your JRWA in your TRA Online Portal.

Within 4 weeks, you will receive a phone call from TRA to confirm the below details. To assist us with this, please provide a preferred time and/or day to call you e.g. Monday mornings, anytime Friday:

<b>Monday:</b>	<b>Tuesday:</b>	<b>Wednesday:</b>	<b>Thursday:</b>	<b>Friday:</b>
----------------	-----------------	-------------------	------------------	----------------

### Participant Details

TRA Number	<input type="text"/>
Name	<input type="text"/>
Email Address	<input type="text"/>
Contact Number	<input type="text"/>

*(Please note, we are unable to accept migration agent emails addresses for JRWA)*

### Employer & Nominated Supervisor Details

Registered Business Trading Name	<input type="text"/>
Current Business Trading Address	<input type="text"/>
Name and Address of place you work, <u>if different to above.</u>	<input type="text"/> <i>e.g. Store Name (Lone Star), Mine Site (Roxby Downs).</i>
Australian Business Number (ABN)	<input type="text"/>
Name of Employer/Business Owner	<input type="text"/>
Employer Contact Number	<input type="text"/>
Name of Supervisor	<input type="text"/>
Supervisor Email Address	<input type="text"/>
Supervisor Contact Number	<input type="text"/>

### Workplace Location Details

Do you work at multiple locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , where?	<input type="text"/>	
How often does your location change?	<input type="checkbox"/> Doesn't Change	<input type="checkbox"/> Daily
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Do you work in a remote a location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , what is the name of the nearest city?	<input type="text"/>	
Are there any reasons why an assessor would be unable to enter your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , why?	<input type="text"/>	

**I confirm my employer and/or supervisor are aware of my JRWA and agree to it taking place?**

Yes       No



**Additional Information**

Will you be away from work within the next 8 weeks?

Yes

No

If **Yes**, how long for and when is your expected return date?

Will your supervisor be away from work within the next 8 weeks?

Yes

No

If **Yes**, please provide date of return or an alternative supervisor?

Alternative Supervisor Contact:

**If you have any further information and/or comments, please write them here.**

**Participant Declaration**

I confirm that the information I have provided in this form is true and correct.

**Signature of JRP participant:**

**Date (dd/mm/yyyy):**

**NOTE:** Penalties apply under the Crimes Act 1914 and the Criminal Code Act 1995 may apply for making false or misleading statements and providing false or misleading information or documents.