# **Victorian Apprenticeship Recovery Package (VARP) Employment Confirmation Form**

The Department is collecting your personal information in accordance with Victorian privacy laws to administer the Working for Victoria (WfV) grants program. The information provided in the employee record is collected for the purpose of:

* ensuring that your employer has met their obligations under their WfV grant agreement
* assessing and evaluating the WfV program to ensure it has met its intended objectives at its completion
* contacting you in relation to your employment through the WfV program.

The Department may do the following with your submission, after removing your personal information\*:

* use the information to understand the demographic and geographic representation of workers placed under the WfV program

\* Personal information includes names, address, phone numbers or email addresses.

You have the right to access and correct your personal information. Requests for access should be sent to: [WorkingforVictoria@ecodev.vic.gov.au](mailto:WorkingforVictoria@ecodev.vic.gov.au) For more information read the Department’s Information Privacy Policy at https://djpr.vic.gov.au/privacy and the Victorian Privacy and Data Collection Act 2014.

This form is used to confirm and provide evidence for the new employment arrangement under the VARP.

## Participant Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | Click or tap here to enter text. | | | **D.O.B.** | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. | | | | | |
| **Suburb** | Click or tap here to enter text. | | **State** | Choose an item. | **Post Code** | Click or tap here to enter text. |
| **Phone** | | Click or tap here to enter text. | **Email** | Click or tap here to enter text. | | |
| **Sex** | | **M  F  Other** | **Sidekicker ID** | Click or tap here to enter text. | | |

## Apprenticeship / Traineeship Details

**Do you have an ongoing physical or mental disability, medical condition, illness or addiction that affect your ability to work?**

**Yes  No  Unspecified**

**Do you identify as being an Aboriginal or Torres Strait Islander?**

**Yes  No  Unspecified**

**Do you identify as being long-term unemployed?**

**Yes  No  Unspecified**

**What is your citizenship status?**

**Australian Citizen  Permanent Resident**

**What is your country of birth?**

Click or tap here to enter text.

**What is your ethnicity?**

Click or tap here to enter text.

**What are the languages spoken at home?**

Click or tap here to enter text.

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## Apprenticeship / Traineeship Details

|  |  |  |
| --- | --- | --- |
| **RTO** | Click or tap here to enter text. | |
| **Qualification** | Click or tap here to enter text. | |
| **Apprenticeship ID** | | Click or tap here to enter text. |

## Host Employment Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | | | Click or tap here to enter text. | | | | | | | | |
| **Address** | | Click or tap here to enter text. | | | | | | | | | |
| **Suburb** | | Click or tap here to enter text. | | | **State** | | | Choose an item. | **Post Code** | Click or tap here to enter text. | |
| **Contact Name** | | | Click or tap here to enter text. | | | | | | | | |
| **Phone** | | | Click or tap here to enter text. | | **Email** | | | Click or tap here to enter text. | | | |
|  | | | | | | | | | | | |
| **Employees  Job Title** | Click or tap here to enter text. | | | | | | | | **Sidekicker Job ID** | | Click or tap here to enter text. |
| **Contract Start Date** | Click or tap to enter a date. | | | **Contract End Date** | | | Click or tap to enter a date. | | **Wage Hourly Rate** | | Click or tap here to enter text. |
| **Annual Wage** | Click or tap here to enter text. | | | **Annual On-costs (Super, Leave, Insurance, training, etc.)** | | | | | | | Click or tap here to enter text. |
| **Main region where work is undertaken** | **Ballarat**  **Bendigo**  **Geelong**  **Hume**  **Latrobe – Gippsland**  **Melbourne – Inner** | | | | | **Melbourne - Inner East**  **Melbourne - Inner South**  **Melbourne - North East**  **Melbourne - North West**  **Melbourne - Outer East**  **Melbourne - South East** | | | **Melbourne – West**  **Mornington Peninsula**  **North West**  **Shepparton**  **Warrnambool and South West** | | |

## Declaration

I understand the privacy and confidentiality requirements of my employing department/agency

I certify that the above information is true and correct

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |
| **GTO Representative Signature** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |