

# Let's Get Fraser Coast Working

## Expression of Interest Form

**Purpose of the form:** This form is used to express an interest in a voluntary, unpaid work experience at Fraser Coast Regional Council.

Please complete the details below and attach a current resume and copy of appropriate insurance\*.  
The completed form will need to be submitted to [helpdeskhr@frasercoast.qld.gov.au](mailto:helpdeskhr@frasercoast.qld.gov.au)

### PERSONAL DETAILS:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Department/Work area of interest: \_\_\_\_\_

### EMERGENCY INFORMATION:

The following information is strictly confidential and only to be used in the event of an emergency. Please provide as much information as possible.

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Any vital medical information (eg allergies, medication):  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER INFORMATION:

Desired start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Job agency/school/training provider: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTACHMENTS:

RESUME

CERTIFICATE OF INSURANCE

\*All participants need to be covered by a current public liability insurance policy.  
In most cases this will be provided by the agency / training provider participants are registered with.

 SUBMIT