



SKILLS REGISTER

Please return the completed form to:
PO Box 46 Wubin WA 6612
Email: badimia@outlook.com

Applicant Information

Full Name:

DOB:

Address:

State:

Post Code:

Phone:

Email:

EXAMPLES OF SKILLS

Artist	Administration	Caretaker	Cultural Adviser
Labourer	Caterer	Gardener	Writer
Truck/Bus Driver	Computer/IT	Builder	Graphic Designer
Ranger	Mechanic	Machinery Operator	Teacher

SKILLS

1. SKILL

Describe:

2. SKILL

Describe:

3. SKILL

Describe:



BUISNESS

Do you own a business?

Describe:

Describe:

CERTIFICATION

Do you have: <i>(add additional)</i>	YES	NO	TYPE	Add further qualifications	YES	NO	TYPE
Driver License							
Working With Children Check							
First Aid Certificate							

PREVIOUS EMPLOYMENT

Employer/Company:
Address:
Job Responsibilities:

Employer/Company:
Address:
Job Responsibilities:

REFERENCES

Name:
Relationship:
Contact details:

Name:
Relationship:
Contact details:

Disclaimer and Signature

I certify that I am a registered member of Badimia Bandi Barna Aboriginal Corporation, and my answers are true and complete to the best of my knowledge.

Signature:

Date:

For further information please contact the secretary on: 0417022060 or email badimia@outlook.com

Return completed form by

Mail: PO Box 46 Wubin WA 6612

Email: badimia@outlook.com

In Person: Dalwallinu Discovery Centre 51 Johnston Street Dalwallinu