



QUEENSLAND POLICE SERVICE
TRAINEESHIP APPLICATION FORM
(Aboriginal people and Torres Strait Islander people)



QP 0532D
07/2009
A1

Applicant no.: _____

Intake: _____

(Office use only)

Instructions

- This form is to be completed and signed by the applicant;
- The applicant must use his/her legally registered name;
- Fully complete every section of the form accurately and honestly;
- Complete the 'Assessment of Suitability form' and the 'Health Questionnaire';
- Read the 'Health Screening & Physical Skills Education Program' information brochure;
- Attach photocopies of documents to support the application;
Copies of documents in a foreign language must be accompanied by an official translation.
- Refer to the checklist on the last page of this form before sending your application; and
- Nominate the preferred centre to attend for assessment. Brisbane Townsville

| | | | |
|---|------------------------------|-----------------------------|-------------------------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> | Miss <input type="checkbox"/> |
| Family name: _____ | | Given name(s): _____ | |
| Previous name(s) by which you have been known (include place, date and method of name change): _____ | | | |
| Date of birth: _____ / _____ / _____ <small>(day) (month) (year)</small> | | Age: _____ | |
| Place of birth: _____ | | State: _____ | Country: _____ |
| Current residential address: _____ | | | |
| Suburb/Town: _____ | | State: _____ | Postcode: _____ |
| Postal address (if different from residential): _____ | | | |
| Suburb/Town: _____ | | State: _____ | Postcode: _____ |
| Phone nos: (H) _____ (W) _____ (M) _____ | | | |
| Email: _____ | | Occupation: _____ | |

(Office use only)

| Residency | Driver licence | Aboriginality | Employment | Medical | Integrity |
|-----------|----------------|---------------|------------|---------|-----------|
| | | | | | |

| | |
|---|--|
| Are you an Australian citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'no' have you been granted permanent resident status? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever previously applied to join the Queensland Police Service? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes', in what year? _____ Reference no. (if known): _____ | |
| Are you the holder of a current open driver licence for a motor car? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you the holder of a current provisional driver licence for a motor car? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes', please state the date of issue: _____ | |
| Are you the holder of a defensive driving course certificate? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes', please state the date of issue: _____ | |

Education

What year did you complete or cease secondary education (enclose final leaving certificate)? _____

Have you undertaken diploma level study? Yes No

Name of course (enclose certificate & statement of results): _____

Is the course complete? No Yes If 'yes', year completed: _____

If 'no', number of modules/
hours successfully completed: _____ Expected completion date: _____

Have you undertaken bachelor degree level study? Yes No

Name of course (enclose certificate & statement of results): _____

Is the course complete? No Yes If 'yes', year completed: _____

If 'no', number of modules/hours
successfully completed: _____ Expected completion date: _____

If you have undertaken tertiary level study not included above, please give details below:

Employment

(Police service or defence force employment is to be shown in the service employment section overleaf.)

General employment, following completion of secondary education, is to be shown in this section. List your current employer first and all previous employers, including if self employed, over the last 10 years. Show period employed by giving month and year. Failure to provide dates and hours could affect your education/employment rating and processing of application. Attach a separate sheet if insufficient space.

| | |
|-------------------------------|---------------------------------|
| Employer/Business name: _____ | Employed from: _____ to _____ |
| Business address: _____ | |
| Suburb/Town: _____ | State: _____ Postcode: _____ |
| Job/Position: _____ | Hours worked per week: _____ |
| Immediate supervisor: _____ | Supervisor's contact no.: _____ |

| | |
|-------------------------------|---------------------------------|
| Employer/Business name: _____ | Employed from: _____ to _____ |
| Business address: _____ | |
| Suburb/Town: _____ | State: _____ Postcode: _____ |
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| Job/Position: _____ | Hours worked per week: _____ |
| Immediate supervisor: _____ | Supervisor's contact no.: _____ |

Service employment

Have you ever performed duty as a police officer? Yes No

If 'yes', which Service? _____ Service no.: _____

Date commenced: _____

Are you a current serving member? Yes No

If 'no' what date were you discharged: _____ / _____ / _____
(day) (month) (year)

Have you ever served in the Australian or International defence forces? Yes No

If 'yes', which country: _____ Army/Air force/Navy/Reserves/Other: _____

Service no.: _____ Years of service: _____ Rank attained: _____

Are you a current serving member? Yes No

If 'no' what date were you discharged: _____ / _____ / _____
(day) (month) (year)

If 'yes' when are you eligible for discharge: _____ / _____ / _____
(day) (month) (year)

Reason for discharge: _____

Declaration

I declare that the information I have provided in this document is correct and complete.

I acknowledge that:

- It is my responsibility to provide all necessary information and documentary evidence required in support of this application;
- Failing to disclose information or providing false or misleading information may result in a determination that I am unsuitable for employment by the service; and
- I have read the 'health screening & physical skills education program' information brochure and I am aware of its contents.

Applicant's signature: _____ Date: _____

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the *Police Service Administration Act 1990* (Qld) and the *Police Powers and Responsibilities Act 2000* (Qld). The information may be used to assist in performing the statutory functions and responsibilities of the QPS, primarily in this instance, assisting personnel purposes. The QPS may disclose some or all of this information to other state and government agencies as provided for by legislation or in accordance with the Queensland Government's privacy policy.

Checklist

Before sending your Application Form ensure that you:

1. Enclose photocopies of the following documents (where relevant):
 - Birth certificate;
 - Medical report from Pre Employment Medical Service (PEMS) provider including your QP 0532C Health Questionnaire and Certificate of Fitness/Indemnity form;
 - Proof of name change (deed poll, adoption or registration of name change);
 - Marriage certificate;
 - Proof of permanent residency status (e.g. passport, visa);
 - Highest secondary education certificate;
 - Degree, diploma, or other qualification and statements of subject results including result explanations;
 - Other qualifications not mentioned above;
 - Defensive driving certificate (Drive Vehicle in Queensland – TLIC107C) if you hold a Provisional driver licence with one year's driving experience.

Your application cannot be processed unless photocopies of all relevant documents are attached. Original documents may be required at a later stage of the selection process.

2. Enclose the completed QP 0532B Assessment of Suitability form.
3. Send the completed application to:

**QUEENSLAND POLICE RECRUITING
GPO BOX 2946
BRISBANE QLD 4001**