

PRODUCTIVITY PLACES PROGRAM – JOB SEEKERS – 2010
Client Referral Form



TACTICAL
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To be completed by Job Services Australia representative

Job Seeker's Name: _____

Job Seeker Contact Numbers: _____

Job Seeker Address: _____

Job Seeker ID: _____

Centrelink Reference Number (CRN): _____

Name of JSA: _____

JSA address: _____

JSA contact person: _____

Phone #: _____ Fax #: _____

Email address: _____

Course option (select one only)

- Certificate 2 in Security Operations
- Certificate 3 in Security Operations

I _____ Job Services Australia representative,

Have assessed my client and acknowledge they have been assessed for:

- Citizenship requirements
- Security licensing requirements
- Literacy and Language skills
- Client has a genuine interest in this vocation
- Other (please comment) _____

and I deem the client to be a suitable to undertake this training program.

I give permission for the information on this form to be shared between the JSA, RTO, Australian Government and the State Government of South Australia.

Job Seekers signature: _____ Date: _____

I certify that the applicant has been assessed as suitable for the course above.

Signature of JSA contact: _____ Date: _____

This form must be completed and returned to Tactical Training (Australia) Pty Ltd. All parts of this form must be fully completed in order to be deemed valid. Return via Fax: (08) 8331 1610 Email: teamleader@tacticaltraining.com.au