

BACK TO WORK

Employee Consent Form (as at 1 July 2024)

This form must be completed by the **employee**. If the employee is under the age of 18 years, this form must be co-signed by a parent or guardian unless there are circumstances where it is not appropriate for a parent or guardian to co-sign, for example, the employee lives independently of a parent or guardian. **Please note electronic signatures are not accepted.**

Need help in your language? Call 1800 512 451 and ask for an interpreter. If you require further assistance, please contact the Back to Work Team.

Full name: (Per government issued ID)					
Phone number:					
Address (line 1):					
Address (line 2):					
Suburb/City:		State:		Postcode:	
Email address:					
Employer (business name):					

I commenced employment with my employer on (DD/MM/YYYY) _____

I am employed by my employer on a:

<input type="checkbox"/> Casual basis	<input type="checkbox"/> Part-time basis
<input type="checkbox"/> Full-time basis	<input type="checkbox"/> Other (please specify): _____

Did you work for this employer at any time in the 52 weeks prior to the employment date above?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Prior to commencing employment with my employer, I was unemployed for:

<input type="checkbox"/> Less than eight weeks	<input type="checkbox"/> Between eight and 52 weeks	<input type="checkbox"/> More than 52 weeks
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Please provide the following details of your former employment (if this is your first job, write N/A):

Business name of your previous employer (if applicable): _____

Date you ceased employment with your previous employer (if applicable) (DD/MM/YYYY) _____

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Do you identify as one (or more if applicable) of the following groups?

<input type="checkbox"/> Young person aged between 15-24	<input type="checkbox"/> First Nations person
<input type="checkbox"/> Long-term unemployed (unemployed for 52 weeks or longer)	<input type="checkbox"/> Person with disability (this includes but is not restricted to people who have long-term physical, mental, cognitive, intellectual or sensory impairments).
<input type="checkbox"/> Person who is from a culturally and linguistically diverse background	

Declaration

I understand and agree that:

The information I have provided on this form is true and correct to the best of my knowledge:

<input type="checkbox"/>	If I have concerns with the information I have provided, I can contact the Department of Employment, Small Business and Training via email at compliance@desbt.qld.gov.au
<input type="checkbox"/>	I understand my employer intends to employ me on an ongoing basis.
<input type="checkbox"/>	My employer has disclosed to me an intent to submit an application to the Back to Work Program (Department of Employment, Small Business and Training) in relation to my employment.
<input type="checkbox"/>	I give permission for my employer to provide the information disclosed in this form, my government issued identification and payslips, to the Back to Work Program for the purpose of this application.
<input type="checkbox"/>	I give permission for the Back to Work Program to contact me by either telephone or email to request and/or confirm information in relation to this application.

Signature

Employee Signature: _____ Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature (if applicable): _____ Date: _____

If the employee is under 18 and this form is not co-signed by a parent/guardian, please indicate the reason why:

