



WITH COMPLIMENTS

APPLICATION KIT:

**Traineeship - Certificate III Business Administration,
(Rates & Customer Services) Innisfail**
(12 months duration)

PV: 062/09

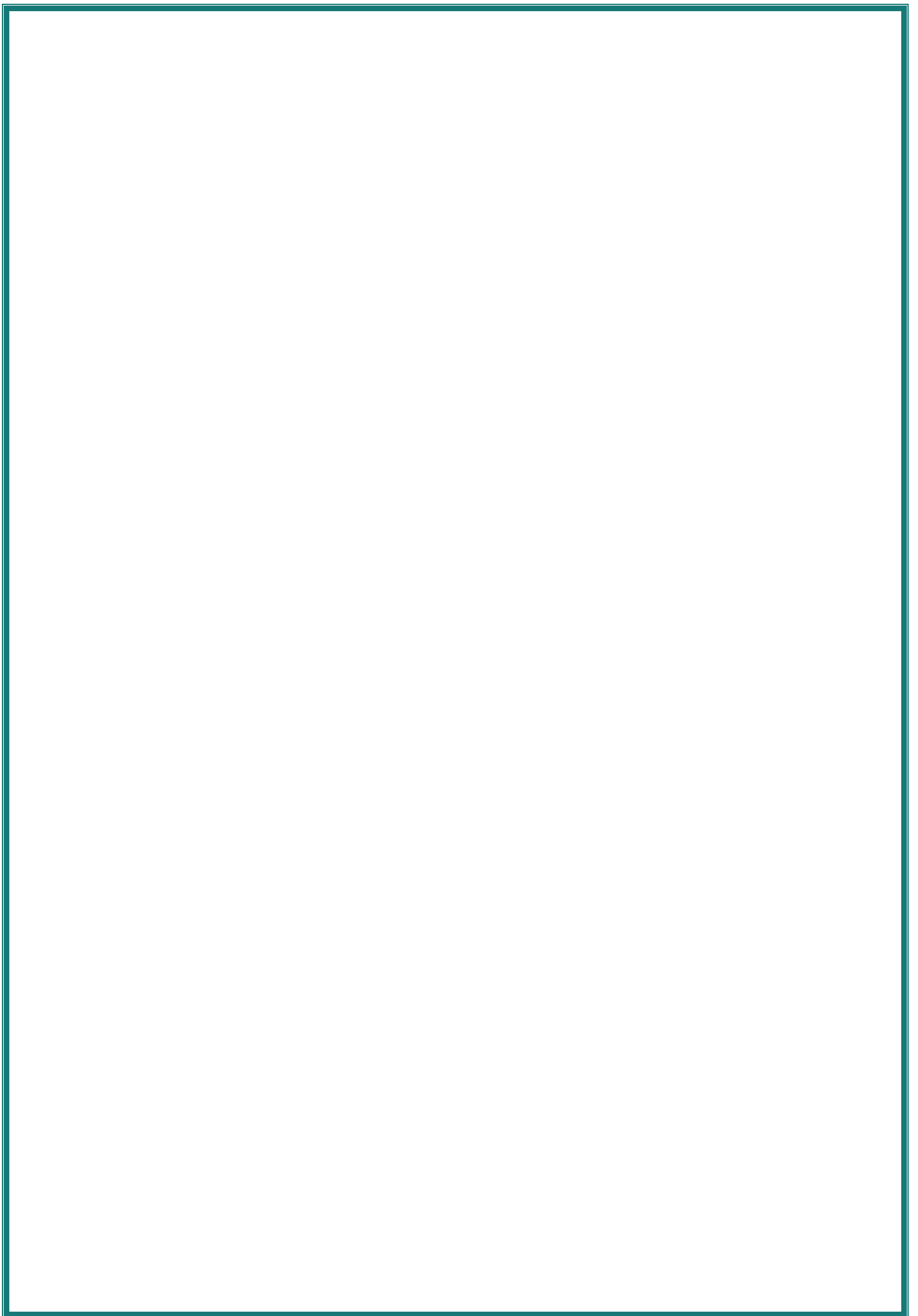
**Enquiries in relation to this position
should be directed to:**

Manager Rates & Customer Services
Joelene Gravagna on 07 4030 2214

Closing Date:

Friday, 27 November 2009 at 4.30pm

The successful applicants will be employed by Skill360, with the Cassowary Coast Regional Council being the host employer for the duration of the Traineeship or Apprenticeship. On the job training and instruction as well as external formal studies are involved.





Information for Applicants

Please read this information carefully, as it will help you with the preparation of your application.

Your application kit contains the following:

1. Position Description
2. CCRC Application For Employment Form
3. Q.A.S. Eligibility Questionnaire Form
4. SKILL360 Registration Form
5. EEO Target Self Identification Form

You are required to:

1. Complete the CCRC Application for Employment Form
2. Complete the Q.A.S. Eligibility Questionnaire Form
3. Complete the SKILL360 Registration Form
4. Complete the EEO Target Self Identification Form
5. Attach your Application addressing the Selection Criteria (from within the Position Description)
6. Attach your resume or any other supporting documentation

Applications should be addressed:

"PV - Private & Confidential"
The Chief Executive Officer
Cassowary Coast Regional Council
PO Box 887
INNISFAIL QLD 4860

Applications can be sent by:

Facsimile: (07) 4061 4258

Email: jay.mcdonnell@ccrc.qld.gov.au

Post: Cassowary Coast Regional Council
P O Box 887
INNISFAIL QLD 4860

Hand Delivered to: Council Chambers
57-59 Rankin Street
INNISFAIL QLD 4860

Closing Date: Friday, 27 November 2009

Applications should be received by close of business (4:30pm) on the closing date for the position.
Late applications may not be considered.

Council provides a smoke free work environment.

The Cassowary Coast Regional Council is an equal opportunity employer
and all suitably experienced applicants are encouraged to apply.



Information for Applicants

This information kit contains essential documents that you will require to complete your application.

Q. What are key selection criteria?

A. These are key statements on the skills, knowledge, competencies and qualifications that are required to perform the position. Your application **must** include statements, which address the selection criteria. Depending on the role and its level of responsibility each selection criteria should be no longer than half a page.

Each application will be assessed independently against the selection criteria. Establishing the order of merit. Interviews will be determined by how well applicants satisfy the selection criteria. Therefore, it is vitally important that you respond to the selection criteria.

Tip – To address the key selection criteria provide evidence of your suitability with examples of how you consider yourself suitable for each of the selection criteria. Each selection criterion should be responded to separately. Wording used in the selection criteria describes the necessary level of knowledge or skill / ability to do the job. For example:-

- *Demonstrated means that you have actually performed the activity or used the skill in the past, rather than just the potential to do so.*
- *Knowledge of, or the ability to rapidly acquire the knowledge of, means that you already have the required knowledge or you can provide examples of past situations, which have required a rapid acquisition of knowledge.*
- *Thorough, sound or high level indicates that a more advanced level of knowledge or skill may be required.*

Q. How is my application assessed?

A. Each vacant position has a selection panel established to oversee the recruitment process. The selection panel comprises of 2-3 people who will assess how well your knowledge, skills and abilities meet each of the selection criteria. The selection process includes:

- Short listing - based on written application and response to the selection criteria.
- For those short-listed a structured interview will take place - a panel will ask questions, which address the selection criteria.
- Work test - the panel may ask you to perform a task / demonstrate skills as required by the role.
- Reference check - the panel contacts referees as nominated by you.

Merit is the sole basis of selection and is measured by how well applicants satisfy the selection criteria listed in the position description. The claims of individual applicants are therefore assessed on the basis of their suitability for the position, determined by matching their specific qualifications, experience and personal attributes with those required for the job.

Applicants are normally expected to meet all "essential" experience, skills and qualities, and qualifications set down in the selection criteria for the position, and, ideally, the "desirable" criteria components. However, the potential to develop within the position may also be considered in assessing a candidate's suitability.

Depending on the nature of the role, if you do not meet an essential selection criterion to satisfy a legal, registration or accreditation purpose or to satisfy a requirement of a professional body, (e.g. driver's licence, tertiary degree) you may be excluded from further consideration for the position.

Q. How long does the process take?

A. Positions are generally finalised 4-6 weeks from the closing date. All applicants will receive a letter via the mail acknowledging receipt of their application. If you have been short-listed you will be invited to attend an interview. Applicants will be advised of the result of their application following completion of the recruitment process.

Q. Will we accept an application after the close date?

A. The selection panel may accept a late application dependent on circumstances and as long as the short-listing process has not commenced.

Tip - Your resume should provide details of your educational qualifications, work history, special skills or qualifications, training details and referees, plus any other information, which may support your application. Be clear and informative. Include the names, position titles, addresses and telephone numbers of at least two referees.



POSITION DESCRIPTION

Title	Traineeship - Certificate III in Business Administration
Department	Corporate Services
Section	Rates & Customer Services
Award	National Training Wage & CCRC Enterprise Bargaining Agreement

ORGANISATIONAL RELATIONSHIP

Reports to: Manager Rates & Customer Services

Directly Supervises: Nil

PURPOSE OF POSITION

This position is responsible to the Manager Rates & Customer Services or his/her delegate for carrying out a variety of general clerical and administrative duties. The occupant will be required to undertake on the job work experience and training and also formal training in line with the requirements of Certificate 111 in Business Administration.

KEY RESPONSIBILITIES

1. **Customer Services** – Undertake under supervision a variety of functions within the Customer Service Section, this includes prompt and effective customer service to internal and external clients.
2. **Rates** - Undertake under supervision a variety of functions within the Rates Section including filing, data inputting, maintenance of property records and Rates arrangements, in line with policies & procedures and training provided.
3. Develop skills in Office Administration.
4. Operate various office equipment including photocopier, facsimile, document scanner, laminator and other office equipment as required.
5. Work as a cooperative team member in a multi-skilled work environment.
6. Participate in communication meetings within the Sections and the Department as required.
7. Undertake both external and other job training in line with the requirements of Certificate 111 in Business Administration.
8. Maintain records as required under the Traineeship agreement.
9. Other duties as requested by Director, Corporate Services Department.

KEY PERFORMANCE INDICATORS

Key Performance Indicators are to be developed in conjunction with the Department Director based on the Values Statement as outlined below.

Fundamental to our efforts to delivery the Community's aspirations the Council is committed to the values of:

- **Continuous Improvement** – By encouraging our employees to be creative and innovative and to constantly look for new and better ways of improving our service.
- **People Concern** – By recognising our employees are our major asset, and acknowledge their commitment as central to the attainment of the Council's goals and objectives.
- **Teamwork** – By recognising the importance of maintaining a stable work environment in which Councillors, Management and Employees, work constructively together in a spirit of teamwork, trust and loyalty.
- **Quality Service** – By acknowledging quality of service to our customers as our number one priority and aim to give efficient and effective service, and treat people with respect, courtesy and fairness.

SELECTION CRITERIA

SKILLS & KNOWLEDGE:

Essential:

1. Computer skills and ability in the use of Microsoft Word, Excel, Access
2. Good literacy and numeracy skills
3. Good interpersonal and verbal communication skills
4. Ability and willingness to undertake training as required

Desirable:

1. Previous exposure to office practices and procedures

QUALIFICATIONS & LICENCES:

Essential:

1. Secondary School Education to Year 12 standard or equivalent skills gained through previous relevant work experience

DELEGATIONS

Refer to Council Delegation Schedules.

WORK HEALTH AND SAFETY

Abide by Work Health and Safety Obligation and Responsibility below:

All employees have an obligation to familiarise themselves with and comply with statutory and Cassowary Coast Regional Council WH&S Management System, WH&S policies, procedures and work instructions.

In fulfilling this obligation, Employees are to:

- Work in a safe manner so as not to jeopardise the health and safety of themselves or any other person.
- Follow instruction given in regards to WHS.
- Use and maintain Personal Protective Equipment.
- Participate in the consultation and communication processes.
- Identify and report hazards and risks in their workplaces.

ORGANISATIONAL COMMITMENTS

Corporate

1. Comply with Customer Service Standards.
2. Comply with the requirements of Council's policies and procedures as amended from time to time.
3. Comply with recordkeeping responsibilities as outlined in Council's Recordkeeping Policy.

POSITION DESCRIPTION AUTHORISATION AND ACCEPTANCE

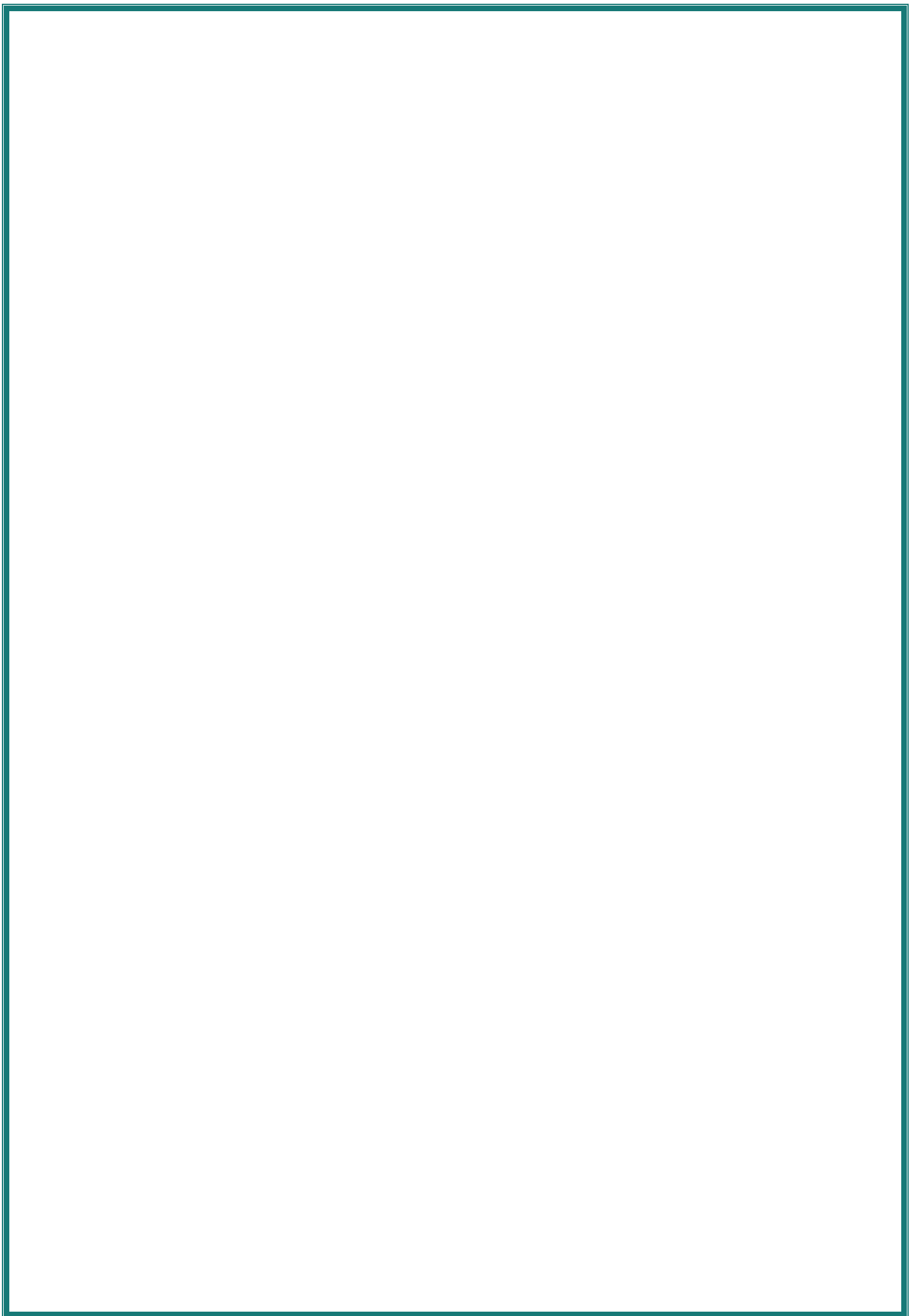
This position description is subject to change from time to time as Cassowary Coast Regional Council's organisation may be developed or restructured. Any such reorganisation of duties shall be the subject of discussion with the position incumbent.

Date reviewed: _____

Approval of Supervisor _____ Date: _____

Incumbent Name: _____

Incumbent Signature: _____ Date: _____





APPLICATION FOR EMPLOYMENT

Cassowary Coast Regional Council

PO Box 887, INNISFAIL QLD 4860

Position Applied for:

PV: 062/09 – Traineeship - Certificate III Business Administration,
(Rates & Customer Services) Innisfail

Please note your application will only be used for the position you have applied for. All unsuccessful applications will be archived after the recruitment assignment has been completed unless you mark the box below.

It is a condition of employment that you provide proof of your ability to work in Australia.

This will include a copy of your Birth Certificate, Passport or current work visa (where applicable) or Australian Citizenship Certificate.

This documentation MUST accompany this application.

PERSONAL DETAILS:

Mr Mrs Ms Miss

First Name/s:

Surname:

Address:

Postal Address:

Email:

Home PH:

Work PH:

Mobile:

EDUCATION: – this can be left blank if on resume. *(Copies of transcripts will be required)*

Education Institution

Date completed

Qualification achieved

LICENCES / TICKETS: – this can be left blank if on resume *(Copies of licences, tickets, or certificates will be required)*

THIS SECTION IS OPTIONAL:

Do you identify with any of the following groups? *(Please tick)*

- ATSI: *(Aboriginal / Torres Strait Islander)* ASSI: *(Australian South Sea Islander)* Disability
 NESB *(Non English Speaking Background e.g. - Italian)*

Application for Employment (Continued...)

GENERAL:

Are you legally able to work in Australia? Yes No

Are there any factors that will affect your ability to perform the requirements of this role? Yes No
If YES, please give details:

REFEREES:

We require a minimum of two EMPLOYER references - personal referees will not be accepted.
 Do you have any objection to our obtaining additional information to that supplied on this form? Yes No
Include their name, contact number and previous / current work relationship to you (i.e. Manager / Supervisor etc)

Name:	1)	2)	3)
Contact number:			
Relationship:			

NOTE:

Some positions may require a medical examination prior to appointment to a permanent position. You will be notified if this is the case for the position you are applying for during the recruitment process.

HOW DID YOU FIND OUT ABOUT THIS POSITION:

- Innisfail Advocate Tully Times The Cairns Post Cassowary Coast Regional Website
- Online *[Please specify site e.g. SEEK, Counciljobs.com, lgjobs.com.au].....*
- Other Newspapers *[Please specify].....*

DECLARATION

I hereby declare that the information contained in this document is, to the best of my knowledge, true and correct. I acknowledge that any false information may be sufficient cause for dismissal if I am employed by Cassowary Coast Regional Council.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY Interviewed by:

Name:	Title:	Signature	Date:
Name:	Title:	Signature	Date:

Has proof of ability to work in Australia been provided and attached? YES / NO Comment if NO:

Are copies of transcripts, licences, tickets attached? YES / NO Comment if NO:

Forward all forms, identification and documents to Human Resources.

This Application for Employment must be attached to your application.

NAME _____ DOB _____ LOCATION _____

EMPLOYER _____ CONTACT _____ PHONE NO _____

1. Are you interested in undertaking a traineeship? Yes No
If yes, what qualification are you interested in? _____
2. Are you currently employed? Full time Part time Casual
3. How long have you been employed by your employer? Year's _____ Months _____
4. Are you an:
- A Australian Citizen
 - B Permanent Resident
 - C Temporary Visa Holder
 - D NZ passport holder?
 If yes to D, have you been a resident in Australia for at least 6 months?

5. Have you **completed** any form of study since finishing school (including traineeships)?
- Yes Year Completed _____
 No

If yes, what is the name and level of the Qualification? _____

6. Have you ever commenced a Traineeship or Apprenticeship before? Yes No
If yes, what was the name of it and in which State? _____

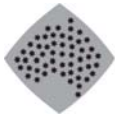
If yes, did you complete it, whilst at School? Yes No

7. Are you currently undertaking any other study? Yes No
If yes, what is the name of the qualification you are Studying? _____
8. Are you 45 or over? Yes No
9. Do you fall into any of the following categories?
- In receipt of Centrelink or Veteran affairs Income support payment
 - Not been in paid employment for the last 3 years
 - Are in receipt of intensive support from a job Network member
 - Made redundant in last 12 months

Thank you for your participation, please return this questionnaire as soon as possible.

Note: The preliminary advice of eligibility to access Australian Government Incentives provided herein is subject to Queensland Apprenticeship Services (QAS) undertaking a full assessment of eligibility criteria. A full assessment can only be made upon receipt by QAS of fully completed and correct assessment documentation, and when requested by QAS, additional information may be required. Queensland Apprenticeship Services Pty Ltd makes no representation about the accuracy or suitability of the information provided. All information is provided 'as is' without express or implied warranty.

Australian Apprenticeship Incentive Program Guidelines are subject to change at any time without notice.



Skill360 Australia REGISTRATION & DETAILS FORM

1 Wilkinson Street, Manunda • QLD • 4870
PO Box 68W, Westcourt • QLD • 4870
Phone: 07 40464000 • Fax: 07 4031 1239
www.skill360.com.au

Print in yellow A3

IF NOT APPLYING THROUGH RECRUITMENT - GO TO QUESTION 3

JS No: (Office Use Only)

AD:

Convert JS to APP:

Date:

Initial:

TRADE/POSITION APPLIED FOR:

DATE OF APPLICATION:

What is your reason for applying for this apprenticeship/traineeship with SKILL360 AUSTRALIA?

Are you applying for Full Time, School Based or Part Time? Full Time School Based Part Time

Do you believe you may require learning support to complete this apprenticeship/traineeship? No Yes

If you do require learning support please tick the following:- Language Literacy Numeracy

Are you registered with a Job Network Agency No Yes - please advise the Agency & Contact Name:

Agency (e.g ITEC): Contact Name:

Do you have a Job Seeker ID Number? No Yes - please advise ID Number:-

Have you registered with SKILL360 AUSTRALIA previously? No Yes - please advise what position?

1. WORK AVAILABILITY

Do you have a current drivers licence? No Yes - Licence Number:

Which type of licence do you have ? Manual vehicle Automatic vehicle Open Provisional Learners Looking to obtain your licence

If public transport is unavailable, how would you get to work? (eg. Mum, bus, taxi, relatives, Drive etc)

Are you prepared to work & live away from home? No Yes Will you be applying for LAFHA (Living Away From Home Allowance)? No Yes

2. HAVE YOU PREVIOUSLY WORKED AS AN APPRENTICE/TRAINEE/SCHOOL BASED?

No - Go to Question 3 Yes - please provide details below:

Did you successfully complete your Apprenticeship/Traineeship? Yes No - how much time did you complete? Yrs Mths

Name of Company:

Trade/Qualification & Level:

State/Territory/Overseas:

Year of Commencement:

Year of Completion:

IMPORTANT INFORMATION FOR NEW RECRUITS

- This form will not be accepted unless a copy of your resume with supporting documents is attached.
- Advise us of changes to your contact details.
- Your registration is kept current for a period of up to 3 months

3. PERSONAL DETAILS - TO BE COMPLETED BY ALL

First & Middle Names:

Family Name:

Date of Birth:

Mr / Mrs / Ms / Miss Gender: Male Female

Residential Address:

Suburb:

State:

Post Code:

Postal Address:

State:

Post Code:

Telephone Number: ()

Mobile:

Email Address:

Next of Kin (or Guardian if under 18 Yrs for Emergency Contact):

Relationship:

Address:

Phone:

Mob:

Current Host Employer:

Phone:

Contact name:

Legend



Indicates areas that refer to Uer Choice Contract Eligibility



4. CITIZENSHIP (LLN)

<input type="checkbox"/> Australian Citizen or Permanent Resident	Born in Aust: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> A New Zealand passport holder who has been resident in Australia for 6 months or more <input type="checkbox"/> Other – Visa document number:		
Do you speak a language OTHER THAN ENGLISH at home? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:-		
And your current proficiency: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All		

5. EDUCATION DETAILS

Are you currently at School? <input type="checkbox"/> No <input type="checkbox"/> Yes – what grade are you in now?	Grade	CALENDAR Year	/	/
Name of School:				
If you are not at school what grade and in what year did you complete?	Grade	CALENDAR Year	/	/
If you do require learning support please tick the following:- <input type="checkbox"/> Language <input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy				



6. EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION

Are you a member of the following groups? (If you are Aboriginal & Torres Strait Islander, please tick both boxes.)
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Non-English Speaking Background



7. MEDICAL

<input type="checkbox"/> Person with a Disability? (If so, please indicate below)	Disability Case Manager Name:
<input type="checkbox"/> Visual/Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment	
Other:	
Are you undertaking any medical treatment at present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical conditions that may affect your ability to perform work for the role applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	



8. HAVE YOU COMPLETED OR PARTIALLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS or TRAINING?

(Please Tick where applicable & provide a copy for possible credit transfer or RPL)

<input type="checkbox"/> Certificate Level I	Date/Year Completed:	Date/Year Partial Completion:
<input type="checkbox"/> Certificate Level II	Date/Year Completed:	Date/Year Partial Completion:
<input type="checkbox"/> Trade - Certificate Level III	Date/Year Completed:	Date/Year Partial Completion:
<input type="checkbox"/> Certificate Level IV	Date/Year Completed:	Date/Year Partial Completion:
<input type="checkbox"/> Associate/Diploma/Degree/Postgraduate Diploma	Date/Year Completed:	Date/Year Partial Completion:
Are you currently doing any courses or training? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details		

9. HOW DID YOU HEAR ABOUT SKILL360 AUSTRALIA?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> TV	<input type="checkbox"/> Job Network Agency, eg ITEC, please name:
<input type="checkbox"/> School	<input type="checkbox"/> Family	<input type="checkbox"/> SKILL360 AUSTRALIA Website	<input type="checkbox"/> Another Apprentice/Trainee
<input type="checkbox"/> Other	<input type="checkbox"/> SEEK	<input type="checkbox"/> Job search Govt Website	

DECLARATION AND PRIVACY AUTHORITY

By signing this declaration, you declare that the information contained in the registration form is true and correct.

SKILL360 AUSTRALIA collect, disclose and use the personal information requested in this registration form to carry out our internal administration and operations (eg. Record keeping and staff training) and to provide you with our services. If you do not provide the information requested in this registration form, we may not be able to process your application.

By submitting this registration form you agree that we may:

- Use your personal information and disclose it to relevant entities including government agencies, prospective employers, the education sector and/or any Vocational Partnerships Group (VPG) programs;
- Use your information for market or customer satisfaction research;
- Utilise your photograph for record keeping purposes.

Our privacy policy sets out our policies on managing personal information. Following a request, we will provide you with access to personal information we hold about you in accordance with our obligations under the *Privacy Act 1988*. To request access to information, ask a question or to get a copy of our Privacy Policy, please write to : The Privacy Officer, Skill360 Australia, PO Box 68W, WESTCOURT QLD 4870

Signature: _____ Date: _____

IMPORTANT INFORMATION
PLEASE READ

EEO TARGET GROUPS
INFORMATION SHEET

The Cassowary Coast Regional Council receives funding from the Queensland Government to assist with the employment of Trainees and Apprentices, under the Queensland Governments' *"Skilling Queenslanders for Work"* employment initiative.

The Department of Education, Training and the Arts, has set Equal Employment Opportunity (EEO) targets, which Council must meet in order to obtain the funding.

For the 2009/2010 Traineeship/Apprentice intake, the following target groups have been identified and only persons who identify as being from at least one of the target groups will be considered for employment as a Trainee or Apprentice:-

1. Young People aged between 15 to 24 years of age;
2. Aboriginal & Torres Strait Islanders;
3. Australian South Sea Islanders;
4. Women Re-entering the workforce (after 12 months continuous leave of absence);
5. People from Non English speaking background;
6. Long Term Unemployed (over 12 months);
7. Matured Aged Persons (over 45 years of age);
8. People with a Disability;
9. People who are employed 25 hours per week or less and who are unable to secure a full-time job because they lack the necessary skills;
10. Recently retrenched workers who have been out of work for three months or more.

To assist Council with processing of applications for our Traineeships/Apprenticeships, you are requested to complete the following self-assessment form which is on the next page. It is not mandatory to complete the self-assessment form, but it will assist identifying those applicants who are in the above mentioned target groups.

EEO TARGET GROUP SELF ASSESSMENT FORM

Please circle "Yes" against any of the target groups you identify with:-

<p>Young People aged between 15 to 24 years of age</p> <p>Please provide Date of Birth</p>	Yes	No
<p>Aboriginal & Torres Strait Islanders <i>Self Identification by individual</i></p>	Yes	No
<p>Australian South Sea Islanders <i>Self Identification by individual</i></p>	Yes	No
<p>Long Term Unemployed (An individual continuously unemployed for a period of 12 months or more) <i>Self Identification in first instance, but may require verification from Centrelink</i></p> <p>Period of unemployment _____</p>	Yes	No
<p>Women Re-entering the workforce (after 12 months continuous leave of absence) <i>Self Identification by individual</i></p>	Yes	No
<p>Matured Aged Persons (over 45 years of age)</p> <p>Please provide Date of Birth</p>	Yes	No
<p>People from Non English speaking background <i>Self Identification by individual</i></p> <p>Language spoken _____</p>	Yes	No
<p>People with a Disability Self Identification in first instance, but may require verification from your doctor.</p> <p>Disability _____ <i>(Optional to complete)</i></p>	Yes	No
<p>Underemployed People who are employed 25 hours per week or less and who are unable to secure a full-time job because they lack the necessary skills.</p>	Yes	No
<p>Recently retrenched workers who have been out of work for three months or more. <i>Self Identification in first instance, but may require verification from Centrelink</i></p> <p>Date of retrenchment _____</p>	Yes	No