



## EMPLOYEE ANALYSIS FORM

Complete one of these forms for **each** of your employees, whom you may consider undertaking Certificate III in Local Government (Operational Works), so that their eligibility for incentives can be assessed.

PERSONAL DETAILS			
First Name			
Surname			
Address			
Email			
Mobile Telephone			
Date of Birth			
Job Title			
Employment Start Date			
Employment Status	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>

PRIOR QUALIFICATIONS			
Which of the following qualifications have you successfully completed?			
Bachelor, Degree or higher	<input type="checkbox"/>	Certificate III or Trade Certificate	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Certificate IV or Adv. Certificate / Technician	<input type="checkbox"/>	Certificates other than above	<input type="checkbox"/>
List course name / s completed			

EMPLOYER DETAILS	
Company Name	
Contact Name	
Workplace Address	
Telephone Number	
Email Address	

**For processing, please return completed forms to Mike Stoll,  
Training Manager, The Management Edge  
via fax on (03) 9427 7433.**

**A summary of your employees' eligibility will be sent  
to you once assessed.**