Educational History - Education or Qualifications Attained

This section asks you to complete details about any qualifications or studies you have gained. You may need to complete more than one box if you have achieved a number of levels of study, for example, you may have completed an Advanced Certificated and a Degree. Please provide certified copes of any post secondary level qualifications.

Level		Institution, School or University	Discipline or Subject Area	Year Completed	
1)	Primary Level				
2)	Secondary Level (Junior)				
3)	Secondary Level (Senior)				
4)	Apprenticeship				
5)	Certificate				
6)	Advanced Certificate				
7)	Diploma				
8)	Associate Diploma			-	
9)	Degree				
10)	Graduate Diploma				
11)	Masters '				
12)	Doctorate				
13)	Other				

Current Studies or Education

This section asks you to complete details about any qualifications or studies you are currently undertaking (include any formal study that you have deferred within the last 3 years).

* Please insert applicable code (A) Active (D) Deferred (W) Withdrawn

Level	Institution	F/T PT Ext	Discipline of Subject Area	Start Date	Status	Due to Finish
Secondary Level (Senior)			_			
2) Apprenticeship						//
3) Certificate				_/_/_		
Advanced Certificate					-	_/_/_
5) Diploma			-	_/_/_	,	_/_/_
6) Associate Diploma	-					_/_/_
7) Degree						_/_/_

Com	men	ceme	ent A	\dvi	ice
Com	imen	ceme	ent /	/dv	C

Do Not	Forget to Attach to this Commencement Advice Form:			
	A certified copy of your birth certificate			
	Certified copies of any post secondary education and any other qualifications			
	Employment Declaration Form			
	Secondary Employment Declaration Form			
. 🗆 -	Secrecy Provision Form			
	Code of Conduct signed page			
	Letter of Acceptance			
Please Note:				
If your details change during the course of your employment with QCS, please notify your centre/region's /HR Manager in writing.				

APPENDIX A

APPENDIX B

APPENDIX C

APPENDIX D

APPENDIX E

APPENDIX F

APPENDIX G

APPENDIX H

APPENDIX I

APPENDIX J

SAXBY, Catherine

To:

SAXBY, Catherine

Subject:

Fire Emergency Awareness Level 1 Challenge Tests

Afternoon All,

Your challenge tests have all been marked and you are all competent in this subject until September next year.

Catherine Saxby Staff Training Coordinator Townsville Correctional Centre MSO BOX 5574 TOWNSVILLE QLD 4810

Ph: (07) 47 531810 Fax: (07) 47 531808

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QUEENSLAND CORRECTIVE SERVICES ADMINISTRATIVE FORM – MEDICAL DISCLOSURE

Availability: Public .

Implement Date: 02 July 2007

This form must be completed by participants BEFORE any physical components of course modules are undertaken.

QCS must provide an employee appropriate opportunities to meet educational and skills accreditation and qualification requirements associated with his/her position.

As an employee of QCS, there may be occasions when physical exertion is required. Accreditation and affirmation of current competencies may include techniques involving—

- a) Control and Restraint joint locks, balance displacement, leverage, the use of pressure points as a stimulus to enforce compliance;
- b) Response to contingencies/first officer response running, lifting and bending;
- c) Breathing Apparatus wearing of facial mask requiring exertion of respiratory conditions and exposure to chemical agents;
- d) First Aid bending, lifting, dragging, resuscitating; and
- e) Firearms getting down and up off the ground; shotgun recoil.

When undertaking training that involves physical exertion, you must advise QCS of any medical condition which may impede your ability to successfully complete this component of the training. Any personal information you provide will be kept in confidence by the Staff Training/Development Officer and only used with respect to the designated training unless you consent to other use or unless other use or disclosure is authorised by law.

If the disclosure of medical or psychological conditions prohibits an individual from undertaking the physical component of training, the form will be referred to the Senior Consultant, Safety Management System for the purpose of obtaining further advice, at which time QCS would assess your situation and work with you to explore alternative options.

To be completed by the training participant (if you answer "yes" to any of the questions, please provide additional information)—

- a) Do you have any medical condition, injury or disability, which may preclude you from participating fully in this training?

 Yes/No
- b) Have you been given medical advice that warns against such activity (medical certificate to be supplied)?

 Yes(No)
- c) Have you any personal concerns regarding aggravation of a pre-existing or current medical condition or injury?

 Yes(No)
- d) Have you any medical concerns in relation to participating in this training? Yes/No

Medical Disclosure medical disclosure Version 03 Page 1 of 2

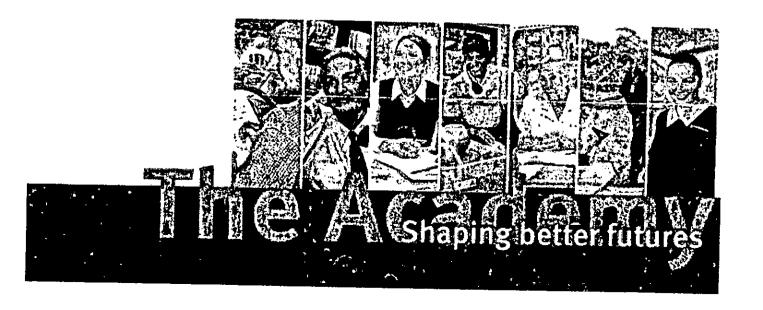
Growing leaders Building skills Shaping careers



Assessment Tool

CSCSAS201A

MAINTAIN SECURITY



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Assessment Tool

CSCORG202A

COMMUNICATE EFFECTIVELY



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Growing leaders Building skills Shaping careers



Assessment Tool

CSCSAS303A

CONDUCT SEARCHES



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