

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 Certificate and a Degree. Please provide certified copies 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* Please insert applicable code (A) Active (D) Deferred (W) Withdrawn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 or Subject Area	Start Date	Status *	Due to Finish
1) Secondary Level (Senior)				___		___
2) Apprenticeship				___		___
3) Certificate				___		___
4) Advanced Certificate				___		___
5) Diploma				___		___
6) Associate Diploma				___		___
7) Degree				___		___

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**

**Growing leaders
Building skills
Shaping careers**



Assessment Tool

●
CSCSAS201A

●
MAINTAIN SECURITY



The Academy
Shaping better futures

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**Empowering leaders
Building skills
Shaping careers**



Assessment Tool

●
CSCORG202A

●
COMMUNICATE EFFECTIVELY



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**Growing leaders
Building skills
Shaping careers**



Assessment Tool

●
CSCSAS303A

CONDUCT SEARCHES



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