



IPROWD PROGRAM



INDIGENOUS POLICE RECRUITMENT OUR WAY DELIVERY

IPROWD Expression of Interest Form

Date:

Applicant Details:

Do you identify as Aboriginal and/or Torres Strait Islander Yes No

Mr

Mrs

Miss

Surname: _____ Middle name: _____ First name: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email address: _____

Do you have a current drivers licence? Yes No

Drivers licence number: _____ Expiry date: _____

Date of birth: _____ Preferred name: _____

Address: _____

Town: _____ State: _____ Postcode: _____

How long have you lived at your current address? _____

Previous address: _____

Town: _____ State: _____ Postcode: _____

How long did you live at your previous address? _____

Have you ever used or been known by any other name? Yes No

if yes, please provide details:

Employment History - Summary of Previous Employment

Employer name	Phone	Length of employment

Employment referee name: _____ Phone: _____

Character referee name: _____ Phone: _____

Education and Training History

List any qualifications/courses you have completed

Qualification	Training Provider	Date

To ensure we can provide individual support for IPROWD students:

How would you rate your maths, reading, communication and computer skills? (please circle)

High

Average

Assistance Required

For assistance contact the IPROWD team on 1300 823 393 for details of your local TAFE NSW College or local NSW Police Stations where assistance can be provided to complete the IPROWD EOI form.

IPROWD EXPRESSION OF INTEREST FORM

NSW Police Criminal Check Screening

I give authority for the NSW Police Force to access my records by the COPS [computer operating policing system] to identify if I would be suitable to apply to the NSW Police Force in the near future

Yes	No
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Medical Information

Would you say you are medically and physically fit?

Yes	No
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Do you have any current medical conditions that may exclude you from entry into the NSW Police Force?

Yes	No
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Do you consent to provide or undertake a medical assessment from a relevant health practitioner?

Yes	No
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You MUST undertake a Fitness Program as part of IPROWD to increase your physical fitness. Are you prepared to do so?

Yes	No
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Participation in the IPROWD Training Program

Will you need any assistance to attend the IPROWD interview?

Yes	No
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if yes, please provide details:

Are you registered with a NCAP Provider

Yes	No
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if yes, please provide details:

Are you registered with a Job Active Provider

Yes	No
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if yes, name of provider and location:

Will you be able to travel to attend the IPROWD Program?

Yes	No
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Will you need any assistance to participate in the IPROWD Program?

Yes	No
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if yes, please provide details:

TAFE NSW will keep photo records of Iprowd events and course excursions. Do you give permission for TAFE NSW to use photos to highlight the iprowd program on the iprowd website and in brochures?

Yes	No
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At what region would you like to undertake IPROWD?

Western NSW South Western Sydney Western Sydney Riverina New England
Sydney Central North Coast Hunter Illawarra

How did you find out about the IPROWD Program?

Newspaper Radio Community Information Session ACLOs Website
School Job Active Other

Please sign below to complete your IPROWD expression of Interest application.

Completed IPROWD EOI forms can either be submitted attention IPROWD EOI by either email: iprowd@tafensw.edu.au (scanned copy of EOI) or Post: IPROWD TAFE NSW, PO Box 787 Dubbo NSW 2830

IPROWD applicant signature:

Date: