



Personal Information Cover Sheet

Applicant's details:				
Given names		Last name		
Street Address		Suburb	State	Post Code
Postal Address		Suburb	State	Post Code
Telephone (BH)	Telephone (AH)	Telephone (Mobile)		
Facsimile		Email		
When is the best time and which is the best method by which to contact you?				
How did you find out about this position? <input type="checkbox"/> SEEK <input type="checkbox"/> RSPCA ACT Website <input type="checkbox"/> Ethical Jobs <input type="checkbox"/> Other				

Optional Information (This information is for statistical purposes only):		
Date of Birth	Country of Birth	If not Australian, are you an Australian citizen?
Marital Status	Do you have children?	
Are you a member of an Equal Employment Opportunity target group? If yes, please specify.		
Are you in an identified disability group? If yes, please specify.		

Referees:	
Name	Relationship
Company/Business	Phone Number
Name	Relationship
Company/Business	Phone Number

I certify that the information I have provided on this application is complete and accurate. I recognise that RSPCA ACT or its authorised agent may obtain verification of any of the above information. I authorise the release of such information to RSPCA ACT or its authorised agent.

Signature	Date
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