

(Referring agencies to complete Sections 1 & 2)

Section 1 – Referring Agency/Organisation/Individual	
Agency/Organisation:	
Contact Person:	
Position:	
Email:	
Mobile:	
Referral Date:	

Section 2 – Candidate Details	
Full Name:	
Date of Birth:	
Address:	
Mobile:	
Email:	

	Yes	No
Does the candidate hold a current driver’s licence (e.g. Ls /Ps/Full)?	<input type="radio"/>	<input type="radio"/>
If on a Learner’s Permit, how many logbook hours? _____		
Does the candidate identify as Aboriginal and/or Torres Strait Islander?	<input type="radio"/>	<input type="radio"/>
Is the candidate currently studying? (e.g. at school/TAFE/University)	<input type="radio"/>	<input type="radio"/>
Is the candidate currently employed? (e.g. part-time/casual)	<input type="radio"/>	<input type="radio"/>
Is the candidate registered with an Employment Services Provider?	<input type="radio"/>	<input type="radio"/>
Is the candidate subject to a Court Order OR have a pending Court Matter?	<input type="radio"/>	<input type="radio"/>
Does the candidate have any prior convictions?	<input type="radio"/>	<input type="radio"/>
Does the candidate self-identify as a person with a disability?	<input type="radio"/>	<input type="radio"/>
Does the candidate hold a White Card (construction induction training)?	<input type="radio"/>	<input type="radio"/>
Does the candidate have a Tax File Number?	<input type="radio"/>	<input type="radio"/>

Additional Comments:

Section 3 - Initial Interview Record (OCP staff only)	
Date/Time:	
Location:	
Present:	
OCP Notes:	
OCP Recommendations:	