## GO2 REGISTRATION FORM

### CONTACT:

<table>
<thead>
<tr>
<th>First Name/s</th>
<th>Family Name:</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB:</th>
<th>Tax File Number (TFN):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile:</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BANK DETAILS:

<table>
<thead>
<tr>
<th>Your name as it appears on your account:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch Number (BSB Code):</th>
<th>Branch Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### JOB PREFERENCE

<table>
<thead>
<tr>
<th>Preference 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preference 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preference 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### MEDICAL CHECKLIST

Worker to complete (Please comment where appropriate)

- Are you being treated by any doctor for any illness or taking any medications for a medical condition?  
  - Yes  
  - No

- Have you been hospitalised for any illness or had any operations?  
  - Yes  
  - No

- Is there a family history of any medical conditions?  
  - Yes  
  - No

- Do you have any Medical Condition(s) that need to be monitored regularly, or medical issues your employer needs to be made aware of to ensure your safety and fitness for work?  
  - Yes  
  - No

- Do you have Diabetes?  
  - Yes  
  - No

- Do you have any known occupational allergies?  
  - Yes  
  - No

Do you have or have you ever had any of the following?

- Lung Problems/Asthma/Bronchitis  
  - Yes  
  - No

- Suffered Blood Pressure or Heart Trouble  
  - Yes  
  - No

- Fits/Seizures/Blackouts or Persistent Headaches/Migraines  
  - Yes  
  - No

- Joint Problems/Fractures or Arthritis/Rheumatism  
  - Yes  
  - No

- Back or neck problems  
  - Yes  
  - No

Do you have a Medical condition that prevents you from undertaking:

- manual handling activities?  
  - Yes  
  - No

- Repetitive Strain/Overuse Injury  
  - Yes  
  - No

- Mental or nervous troubles  
  - Yes  
  - No

- Loss of hearing/ear infections  
  - Yes  
  - No

- Stomach Problems/Ulcers  
  - Yes  
  - No

- Known allergies?  
  - Yes  
  - No

- Tuberculosis  
  - Yes  
  - No

- Any strain of Hepatitis/Jaundice/Liver Trouble  
  - Yes  
  - No

- Any Type of Hernia  
  - Yes  
  - No

Do you have any difficulty with the following activities?

- Running, Walking or Kneeling  
  - Yes  
  - No

- Standing for lengthy periods  
  - Yes  
  - No

- Turning your head  
  - Yes  
  - No

- Using hand tools  
  - Yes  
  - No

- Hearing  
  - Yes  
  - No

- Climbing ladders  
  - Yes  
  - No

- Crouching or Squatting  
  - Yes  
  - No

- Sitting for lengthy periods  
  - Yes  
  - No

- Lifting or bending  
  - Yes  
  - No

- Gripping firmly with one or both of your hands  
  - Yes  
  - No

- Reading ordinary print / text  
  - Yes  
  - No

- Repetitive movements of the hands or arms  
  - Yes  
  - No

- Understanding English  
  - Yes  
  - No

### PRE-EMPLOYMENT MEDICAL ASSESSMENT DECLARATION:

I, _______________________________ certify that the information contained in this application form is true and accurate in every detail to the best of my knowledge and belief.

I understand that GO2 Recruitment Pty Ltd reserves the right to verify all information on this application and that my false statements will be considered sufficient cause for my rejection as an applicant or my dismissal if employed.

### SECTION 79 DECLARATION:

Section 79 of the Western Australian Workers Compensation and Injury management Act 1981 requires you to disclose any prior illness or injury otherwise you may not be entitled to compensation in the event of illness or injury.

"Wilful and false representation Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury , wilfully and falsely represented himself as not having previously suffered from the injury an arbitrator may in the arbitrators discretion refuse to award compensation with otherwise would be payable" [Section 79 amended by No. 48 of 1993 s. 28(1); No. 42 of 2004s. 63, 146 and 147.]

I understand the full requirements of Section 79 of the Western Australian Workers Compensation and Injury management Act 1981.

Name: ____________________________  
Signed: ____________________________  
Date: ______/____/____