Education training and experience questionnaire



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email. This questionnaire is to be completed by members claiming Total & Permanent Disability (TPD) benefits to assist in the assessment of their claim.

To find out more visit supersa.sa.gov.au or call (08) 8214 7800



1. Personal details

Title	Date of	birth				
		/		/		
Given name (s)						
Family name						
Mobile phone*						

2. Occupation details

What was your primary occupation immedia	tely prior to your ir	ncapacity?			
Provide a short summary to explain the role.					
How long have you been in this occupation?		/ears mor	nths		
Outline the nature of your normal work activ					
Admin/Clerical	%	Custom	er Services		%
Heavy Manual	%	Light M	anual		%
		-			
Supervisory and Managerial	%	Other:			%
			TOTAL	= 100	%

*By providing your mobile number you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

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2. Occupation detail Provide details of any additional and pre	· · · · · · · · · · · · · · · · · · ·) I have a CV or Resume with this informatio	n, please attach.
Occupation	Period M / Y Y to // // Y	Employer name	Duties
Occupation	Period M / Y Y to ////////////////////////////////////	Employer name	Duties
Occupation	Period M / Y Y to Y Y Y M / Y Y	Employer name	Duties
Occupation	Period M / Y Y to Y M / Y Y	Employer name	Duties
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Occupation	Period M / Y Y to M / Y Y	Employer name	Duties
Occupation	Period M / Y Y to M / Y Y	Employer name	Duties

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3. Education details	
What calendar year did you finish secondary school? What level secondary education did you complete (e.g Yea	ar 12)?
Please specify all your qualifications. List any degrees, diplomas, certificates, courses attended, skills and trade qualifications:	
Qualifications	Year completed
Have you commenced any study or plan to start in the next 6 months?	
Programme or Study	Year started

4. Rehabilitation programs

Are you attending any renabilitation programs?								
Program or Study								

Yea	ar sta	rted	

5. Skills

Yes	No						
Yes	No If Yes , pl	lease stipulate:					
following	;:						
Bas	ic	In	ntermedia	te	Adv	anced	
	1	2	3		4	5	
	1	2	3		4	5	
	1	2	3		4	5	
kages yo	u are able to use:						
	Word processor	rs (eg MS Word)	Word) Publishing Software (eg Powerpoint)				
	Database tools (eg MS Access) Social Media (eg Fac			al Media (eg Faceb	ebook, Twitter)		
	Other (please list below)						
	Yes following Bas	Yes No If Yes, pl following: Basic 1 1 1 :kages you are able to use: Word processor Database tools (Yes No If Yes, please stipulate: following: Basic Ir Basic 2 1 2 1 2 1 2 States source able to use: Word processors (eg MS Word) Database tools (eg MS Access)	Yes No If Yes, please stipulate: following: Basic Basic 1 2 1 2 1 2 1 2 3 1 2 3 1 2 3 4 1 2 3 4 1 2 3 3 3 3 3 3 3 4 4 5 5 6 7 7 7 7 8 9 9 10	Yes No If Yes, please stipulate: following: Basic Basic Intermediate Intermediate <td>Yes No If Yes, please stipulate: following: Basic Basic Intermediate Market Ma</td>	Yes No If Yes, please stipulate: following: Basic Basic Intermediate Market Ma	

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5. Skills (continued)

Please list any other information you consider to be relevant to your education, employment or skill set.

6. Interests and Hobbies

Provide details of your interests, hobbies and pastimes (eg cooking, reading, fishing, sporting organisations, memberships, etc):

7. Member Declaration

- I declare that all the information supplied by me is true and correct
- I acknowledge it is an offence to provide false or misleading information
- I understand that Super SA and its medical advisers will use this information for the purpose of considering my application

