

Education training and experience questionnaire



Super SA



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

2. Occupation details (continued)

Provide details of any additional and previous occupations. If you have a CV or Resume with this information, please attach.

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Occupation	Period	Employer name	Duties
<input type="text"/>	M M / Y Y to M M / Y Y	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

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3. Education details

What calendar year did you finish secondary school?

What level secondary education did you complete (e.g Year 12)?

Please specify all your qualifications. List any degrees, diplomas, certificates, courses attended, skills and trade qualifications:

Qualifications	Year completed
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Have you commenced any study or plan to start in the next 6 months?

Programme or Study	Year started
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Rehabilitation programs

Are you attending any rehabilitation programs?

Program or Study	Year started
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Skills

Do you have a current Driver's Licence (Car)? Yes No

Do you hold any other licences? Yes No If Yes, please stipulate:

On a scale of 1 to 5 rate your ability with the following:

	Basic		Intermediate		Advanced
Reading and Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Speaking and Understanding English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using Numbers and Mathematical Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick and provide details of any computer packages you are able to use:

- | | | |
|--|--|--|
| <input type="checkbox"/> Internet Browsers (eg MS Edge) | <input type="checkbox"/> Word processors (eg MS Word) | <input type="checkbox"/> Publishing Software (eg Powerpoint) |
| <input type="checkbox"/> Spreadsheet tools (eg MS Excel) | <input type="checkbox"/> Database tools (eg MS Access) | <input type="checkbox"/> Social Media (eg Facebook, Twitter) |
| <input type="checkbox"/> Programing Software (eg Visual Basic) | <input type="checkbox"/> Other (please list below) | |

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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

Signature

Date

 / /

Contact us



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WEBSITE supersa.sa.gov.au



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