

Motor Vehicle Assessor Application form

Important information: Please use this form as a coversheet for your Assessor EOI application. You must complete all sections of this form and indicate 'N/A' where not relevant.

Part 1 – Personal details	
Title:	
Given name (in full):	
Surname/Family name:	
Preferred name:	
Professional/business address:	
Unit:	Street number:
Street name:	Suburb/Town:
State:	Postcode:
Home address:	
Unit:	Street number:
Street name:	Suburb/Town:
State:	Postcode:
Postal Address : (if different to home address)	
Work phone number:	
Home phone number:	
Mobile phone number:	
Email address:	

Part 2 – Application information

Please indicate the region you are expressing an interest in:

You may select more than one region, but must indicate your preferred region.

- Cairns
- Townsville
- Mackay
- Hervey Bay
- Rockhampton
- South East Queensland

Other - specify

Part 3 – Eligibility requirements

Qualifications and experience category

1. I have the following relevant motor vehicle qualifications (if more than one please attach pages with relevant details as set out below):

- Registered Training Organisation

Particulars of qualification (e.g. Certificate).....

Name of Organisation:

Contact person/phone number of organisation:.....

.....

Date of certification: dd/mm/yyyy

- Copy of certification attached

2. I have the following relevant motor vehicle experience:

Number of years in the industry:

Type of experience (e.g. mechanic):

.....

.....

3. I have the following professional affiliations (e.g. RACQ, MTAQ, etc.):

.....

.....

Part 4 – Response to Selection Criteria (SC)

Please respond to each (SC) in no more than 2 separate pages, and attach to this completed Application Form.

SC1 Relevant motor vehicle qualifications and/or extensive experience in the motor vehicle industry, including in the:

- assessing the condition of motor vehicles;
- assessing defect(s) in motor vehicles;
- assessing the cause of defect(s);
- estimating the cost of repairs.

SC2 Demonstrated high level interpersonal, oral and written communication skills, including:

- excellent listening and negotiation skills in a dispute environment;
- simple verbal explanations of motor vehicle inspection findings and estimate of cost of repair;
- plain English report writing.

Part 5 – Equal employment opportunity

Please indicate if you belong to any of the following groups:

Note: The completion of this section is voluntary and the information is treated confidentially.

People with a disability

Torres Strait Islander people

Women

People from a non English speaking

Aboriginal people

background

Part 6 - Referees

We are seeking feedback from people who are in a position to comment on your suitability for appointment as a QCAT Motor Vehicle Assessor. Discretion will be exercised if contacting referees.

1st Referee

2nd Referee

Name:

Name:

Position:

Position:

Relationship:

Relationship:

Telephone:

Telephone:

Part 7 - Declaration

I declare that the information supplied on his form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature:

Date: / /

Privacy statement

Information collected through the expression of interest process is used to assess a candidate's suitability for appointment to QCAT and is only shared with individuals involved in the selection and appointment process.

Part 8 - Checklist

I have attached the following documents in support of this application:

- Proof of relevant motor vehicle qualification/demonstrated industry experience.
- Response to selection criteria.
- Curriculum vitae.
- Consent to Criminal History Check Form.

Part 9 – Lodgement

Your application must be lodged in **one** of the following ways:

In person:

Marked 'Private and Confidential'
Attention: Executive Director
Queensland Civil and Administrative Tribunal
Level 9, 259 Queen Street
Brisbane QLD 4000

Post:

Marked 'Private and Confidential'
Attention: Executive Director
Queensland Civil and Administrative Tribunal
GPO Box 1639
Brisbane Qld 4001

Email: QCATtribunal.Appointments@justice.qld.gov.au



QUEENSLAND POLICE
AUTHORITY AND INDEMNIFICATION

CONSENT TO CHECK NATIONAL POLICE RECORDS AND ADVISE A
THIRD PARTY

(Family Name)	MR/MRS/MS/MISS
(Given Names)	

(Former Maiden Name, Married Name/s, or Aliases)

(Residential Address)	
POSTCODE	
TELEPHONE	PRIVATE ()
BUSINESS ()	

DATE OF BIRTH	/ /	PLACE OF BIRTH	
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PROOF OF IDENTITY

Attach a legible –
photocopy of your current Driver’s Licence OR
photocopy of your current passport including photograph and signature OR
photocopies of two other forms of identification bearing your signature

NAME OF THIRD PARTY	
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This check is for the purpose of undertaking work with the Third Party that is **PAID • UNPAID •**

I, whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:

check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or if I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above-named third party of the details of that conviction. I clearly understand that any details disclosed to the above-named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	
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IN THE PRESENCE OF

SIGNATURE OF WITNESS	
PRINTED NAME OF WITNESS	

DATE

/	/	/
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