



Professional Member 2010  
Career Development Association of Australia Inc.  
www.cdaa.org.au

## CLIENT SERVICE REGISTRATION FORM

If you could please put the following information this will allow us to get to know you better and keep a record of your progress.

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PH: (02) \_\_\_\_\_ MOBILE: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

SEX:

- MALE
- FEMALE

*Please tick:*

**What is the highest year of schooling completed (including vocational education)?**

**Do you consider yourself to have a disability, impairment or medical condition, including Literacy & Numeracy or learning difficulties?**

- YES
- NO

**Are you an Aboriginal or Torres Strait Islander?**

- YES
- NO

**Drivers Licence and transport?**

- YES
- NO

Other: .....



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**WORK DETAILS**

Are you currently working?

- YES
- NO

**If yes please provide details:**

Employer: .....

Position: .....

Hours: .....

Specific tasks / responsibilities: .....

.....

.....

**Progress / Service checklist**

- Initial Interview / consultation
- Career Assessment and Results
- Resume and skills analysis
- Further Education and Training options
- Introduction letter ( self canvassing)
- Cover letter / application letter
- Interview Coaching
- Job Search information / techniques
- Coaching (CYPFS) x 3 sessions

Initial Interview paid \$ \_\_\_\_\_

**Feeniks complies with the Professional Standards for Australian Career Development Practitioners National Code of Conduct & The National Privacy Act (2000).**

**Acknowledgment:**

**You acknowledge that any report or document provided by Feeniks is based solely on information provided by you and that we cannot warrant the accuracy or truthfulness of your response. Any information provided will be used for the sole purpose of what it is intended and will not be forwarded to third parties without consent from you. Additionally you acknowledge that payment for services is required prior to commencement.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_