



DEFENCE RESERVES SUPPORT

Privacy Statement

Defence collects the personal information requested on this form for the purpose of conducting an employer engagement activity, including the assessment of your suitability to participate in the activity, and to ensure that measures are taken to ensure your safety and personal requirements can be met.

The information requested is provided voluntarily, and is not required by or under any Australian law. However, if you do not provide the information requested, your nomination cannot be considered. Defence will not disclose the personal information to any marketing organisation or overseas recipient.

For further information relating to Defence privacy policy visit <http://www.defence.gov.au/privacy.asp>. Complaints about the handling of your personal information can be submitted to defence.privacy@defence.gov.au. Once received, your complaint will be forwarded to the appropriate area within Defence for action.

I have read and understand the above privacy statement

EMPLOYER ENGAGEMENT ACTIVITY – NOMINATION FORM

PERSONAL DETAILS

Name (Mr / Mrs / Ms):							
Preferred First Name:							
Postal Address:							
Suburb:		Post Code:					
Contact Telephone No:							
Mobile Telephone No:		Age Group:	18-24	25-30	30-40	40-50	50+
Email:							

EMERGENCY CONTACT

Name (Mr / Mrs / Ms):			
Relationship:			
Contact Telephone No:		Mobile Telephone No:	

EMPLOYMENT DETAILS

Employer:			
Position in Company:			
Postal Address:			
Suburb:		Post Code:	
Contact Telephone No:		Mobile:	
Does your organisation employ any Defence Reservists?	YES / NO / UNKNOWN		
Does your organisation have a Defence friendly leave policy?	YES / NO / UNKNOWN		

OTHER DETAILS

Have you ever served in the military?	YES / NO		
Level of Fitness:		Height: cm	Weight: kg
		Chest: cm	Waist: cm
		Standard shirt size:	
		Standard trouser size:	
Any special dietary requirements:			
Allergies:			
Any previous illness/injury that may affect you during the exercise:			

My answers to the above questions are, to the best of my knowledge, complete and accurate. I consent to your collection, use, storage and disclosure of this information for purposes associated with the proper management of my participation in the Employer Engagement Activity and otherwise in connection with the administration of and any action associated with this Form.

Signature of nominee:		Date:	
Printed Name:			

Please return this form to:**POST**

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EMAIL

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