

Back to Work Jobseeker Support Parent/Guardian Consent Form

If the eligible jobseeker is under 18 years of age, this form must be signed by a parent or guardian unless there are circumstances where it is not appropriate, for example, the eligible jobseeker lives independently of a parent or guardian. **Please note electronic signatures are not accepted.**

To be completed by the eligible jobseeker

Full name: (per identification)		
Date of Birth:		
Phone number:		
Email:		
Address (line 1):		
Address (line 2:)		
Suburb/City:	State:	Postcode:

I identify as belonging to one or more of the following groups:

Young person aged between 15 - 24 years		First Nations person
Unemployed for 52 weeks or more		Person with disability
Person who is from a culturally and linguistically di	verse b	ackground

I have been unemployed for:

Less than eight weeks Between eight and 52 weeks More than 52 weeks	
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To be completed by the parent/guardian of an eligible jobseeker under 18 years of age I understand and agree that:

I am the parent/guardian of the eligible jobseeker named above. The details provided for them are correct and I have provided a copy of my photo ID .
I understand that the person named above has submitted an application to the Jobseeker Support program, and that if this application is approved, they must purchase the goods and/or services detailed in this application.
I have read, understood and agree to the Back to Work Jobseeker Support 2025-26 Funding Guidelines, Terms and Conditions and the privacy statement, and will ensure that the eligible jobseeker complies with these.
I confirm the details entered for this application are true and correct. I understand if a payment is made based on fraudulent information, the Department of Trade, Employment and Training reserves the right to recover the payment and refer the matter to law enforcement. I understand that section 15 of the Crime and Corruption Act 2001 requires the Department to report any false or misleading information to the Crime and Corruption Commission.
I give permission for the Back to Work Jobseeker Support Program to contact me by either telephone or email to request and/or confirm information in relation to this application.
If I have any concerns regarding the eligible jobseeker receiving the goods and/or services they have applied for, then I will contact the Department of Trade, Employment and Training on jobseekersupport@desbt.qld.gov.au

Signature

Parent/Guardian Name:_____

Parent/Guardian Signature:

Date:



