



PERSONAL DETAILS										
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other					Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male			
First name:										
Surname:										
Address:	Street:									
Suburb/Town/County:					Country:			Postcode:		
Email address:										
Work telephone:	Country Code				Area code			Number		
Home telephone:	Country Code				Area code			Number		
Facsimile:	Country Code				Area code			Number		
Mobile:										
Age group:	<input type="checkbox"/> 20-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56 and over									
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
If no, what is your main language spoken at home?										
Family status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Partner	<input type="checkbox"/> Single with children	<input type="checkbox"/> Married/ Partner with children	<input type="checkbox"/> Prefer not to say				

YOUR QUALIFICATIONS AND TRAINING	
Educational qualifications including trade or professional qualifications:	
Other relevant skills:	

RELOCATION INFORMATION
When would you be thinking of relocating to Western Australia?
<input type="checkbox"/> Next 6 months <input type="checkbox"/> Next 6-12 months <input type="checkbox"/> Beyond 12 months <input type="checkbox"/> Unsure

Please tick a box if you would like to receive further communication from the Insurance Commission of Western Australia

By Email                       By Post                       By Telephone

How did you hear about the Insurance Commission of Western Australia?

London Expo    Internet    Word of Mouth    Other

I am interested in employment as a: (tick all options you are interested in)
<input type="checkbox"/> Staffware/iProcess/TIBCO
<input type="checkbox"/> Software QA/Tester
<input type="checkbox"/> IT Project Managers
<input type="checkbox"/> Business Analyst
<input type="checkbox"/> Personal Injury Claims Officer
<input type="checkbox"/> Other

<p><b>PLEASE SEND YOUR COMPLETED EXPRESSION OF INTEREST FORM TO:</b></p>	
<p><b>Employee Relations Manager</b>  <b>INSURANCE COMMISSION OF WESTERN AUSTRALIA</b>                  GPO Box U1908                  PERTH WA 6845                  AUSTRALIA</p>	<p>Telephone: + 61 8 9264 3333                  Facsimile: + 61 8 9264 3690                  Email: hr@icwa.wa.gov.au</p>