



Vocational questionnaire



To assist in the review of your file, further information is required in relation to your education, training, work experience and qualifications. Would you kindly complete the following questionnaire and return to AIA Australia as soon as possible.

Plan name

Policy number

Member number

Return completed documents to Colonial First State, Reply Paid 27, Sydney NSW

Section A – Your details

Surname

Given name(s)

Residential address (note we do not accept PO Boxes)

State

Postcode

Telephone number

Date of birth

Section B – Education and training

Please complete the following tables, including details such as;

- Year completed secondary school and final qualification gained or last year/grade of study.
- TAFE or University study undertaken, with dates, qualification obtained and institution name.
- Any other courses or training, such as computers, Occupational Health and Safety, Workplace Safety, First Aid, etc.

Date	Qualification	Institution	Other information
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/ /			
/ /			
/ /			

- Class of current driving license and any experience in driving heavy or specialist vehicles.
- Any other work related licenses or tickets, such as forklift, crane driving or welding.

Date valid to	Licence or ticket	Details/experience
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/ /		
/ /		
/ /		

Complete the table below, ticking the box with the response which best describes your level of ability for each listed skill.

Skill	Levels of ability			
	Very good	Good	Average	poor
Reading				
Writing				
Maths				
Computer skills				

Section C – Employment

Provide full details of your employment history, starting with your most recent job at the top and work down, covering up to 10 years. Alternatively, attach your updated resume.

Date	Employer	Job Title	Industry	Reason for leaving
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Section D – Interests and hobbies

Provide details of any present or previous hobbies, sports or interest. These may include paying hobbies or purely leisure activities.

Section E – Declaration

I declare that the answers to all questions on this form are true and correct, including those not in my own handwriting and I have not withheld any information relevant to this claim.

I understand that if I make false or misleading statements or recklessly or intentionally fail to disclose information, AIA Australia may:

- Refuse to pay this claim.
- Recover benefits paid that were based on false or misleading information I provided.
- Be obliged to refer such cases to the relevant Authority.

I authorise and consent to AIA Australia and its authorised representatives seeking information from:

- my private health insurer or other insurers,
- my past and present employers,
- my accountant or financial institution, and
- any relevant government bodies.

I authorise the release to AIA Australia or its authorised representatives, all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatments, and copies of all hospital or medical records, employment records and financial records relevant to my insurance cover or claim.

I have read and understood the “Privacy of your personal information” and I acknowledge and consent to the collection, use and disclosure of my personal information as outlined in that section.

I consent to the disclosure of my claim to the distributor of this product.

I agree that a photocopy or an electronically transmitted image of this authorisation shall be considered as effective and valid as the original signed authorisation.

Name of claimant (please use block letters)

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Claimant’s signature

X

Date

/ /
