|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | Claim Number: |  | | |
| Week Ending | | | Job 1 | Job 2 | Job 3 | Job 4 | | Job 5 |
| Job Title:  Company Name:  Application Date: | | | /     / | /     / | /     / | /     / | | /     / |
| How did you apply for this job?  *(phone, letter, email, face-to-face, rehabilitation, other please specify)* | | |  |  |  |  | |  |
| Contact details – please include:  Name:  Phone:  Email:  Other: | | |  |  |  |  | |  |
| Outcome: | | | Got the job!  Interview scheduled  No response yet  Unsuccessful  Follow up needed | Got the job!  Interview scheduled  No response yet  Unsuccessful  Follow up needed | Got the job!  Interview scheduled  No response yet  Unsuccessful  Follow up needed | Got the job!  Interview scheduled  No response yet  Unsuccessful  Follow up needed | | Got the job!  Interview scheduled  No response yet  Unsuccessful  Follow up needed |
| *Office use only: Job Log checked and meets S38 requirements* | | | | |  | | | |
| **Please also attach copies of any evidence of job seeking e.g. email confirmation of applications, letters etc.** | | | | | | | | |
| **DECLARATION:** I | |  | | declare the above information to be a true and accurate account of job seeking activities that I have | | | | |
| undertaken in the period specified | | | | | | | | |
| Signed: |  | | | | | Dated: |  | |

**Please complete and sign the form and return to:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** [info@hotelemployersmutual.com.au](mailto:info@hotelemployersmutual.com.au)

**:** 02 8351 9495