

# Gardener Trainee

## POSITION DESCRIPTION



|                         |                                                       |
|-------------------------|-------------------------------------------------------|
| <b>Position Number:</b> | 2517 & 3469                                           |
| <b>Department:</b>      | Communities and Lifestyle                             |
| <b>Section:</b>         | Open Spaces and Recreation                            |
| <b>Position Status:</b> | Fixed Term - Full Time                                |
| <b>Classification:</b>  | Order – Apprentices and Trainees Wages and Conditions |
| <b>Reports To:</b>      | Supervisor                                            |
| <b>Revised:</b>         | August 2026                                           |

### General Position Statement

This position supports Council's direction by undertaking a Traineeship in Gardening specialising in Horticulture and landscape maintenance with the commitment to providing assistance in a professional, efficient and confidential manner ensuring the development of good working relationships with all staff and the public.

### Specific Responsibilities

The successful candidate must be able to fulfil the following position responsibilities.

- Commitment to undertaking all traineeship requirements and to the successful completion of the traineeship.
- Studying towards a Certificate II in Horticulture.
- Undertake routine horticultural and landscape maintenance activities of a support nature to the Unit, which includes; lawn maintenance, tree maintenance, planting, turf management, chemical application from a vehicle or backpack sprayer, irrigation installation and maintenance, green waste removal, mulching of garden beds, loading & unloading landscape materials (soil, rock, crusher dust etc.), back-up blowing for Parks, hand weeding and the cleaning of park facilities i.e. BBQ's & graffiti removal.
- Erecting signage, barrier mesh and cones,
- Read and carry out basic instructions.
- Maintain and operate small machinery and hand tools.
- Report any defects or problems to the Supervisor, e.g. equipment or safety concerns.
- Provide good customer service to internal and external customers.
- Perform on-the-job training specifications set down in the relevant national competency standards and training plans.
- Refer matters that may impact upon the business, Council and employees to the relevant Supervisor or Manager.
- Undertake other relevant duties as directed, consistent with skills, competence and training.

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### Position Requirements

Your suitability for this role will be assessed against the following competencies.

#### Skills/Competencies

- A genuine interest in the horticultural industry.
- Ability to undertake a range of horticultural and landscaping tasks with general supervision.
- An understanding or ability to acquire knowledge of the basic requirements of horticulture.
- Knowledge or ability to acquire working knowledge of the requirements for small machinery, hand tool operation and maintenance.
- Ability to carry out instructions.
- Ability to complete relevant national competency standards and training plans.
- Numeracy, written and verbal communication skills.
- Developing knowledge of work practices and policies relevant to the section/unit.
- Planning and organisational skills.
- Possess a positive attitude and ability to work well within a team to achieve outcomes.
- Ability to effectively operate Council's computer systems including the MS Office Suite.
- Communicate Effectively – Ability to communicate with others verbally and in writing to meet requirements of the role.
- Teamwork and Collaboration – Ability to work together with others to achieve common goals both within immediate team and teams across Council.
- Time Management – Ability to plan and organise tasks/work to meet objectives of the role.
- Deliver Excellent Customer Service – Ability to meet customers' expectations around safety, time, cost and quality.

#### Desirable Qualifications and Experience

- Construction Industry Induction (White Card).

#### Behaviours

- *Customer Service* – Ensure service delivery and advice remain focused on Council's customers and community outcomes.
- *Safety* – Carry out your duties in a safe manner whilst ensuring the safety of your team members and customers, in accordance with Council's Health and Safety Duty Statements and associated safety policies / procedures.
- *Code of Conduct* – Act in accordance with Council's Code of Conduct.
- *Council Values* – Demonstrate behaviours aligned to Council's values: *One Team, Accountable, Customer Focused, Continuous Improvement and People Development*.

#### Work Environment and Physical Demands

- This position is an outdoor role and will require the employee to carry out physical tasks which may include manual handling of up to 20kg, repetitive bending, kneeling and twisting and/or squatting.

#### Additional Requirements

- Ability to work in an office environment.
- Ability to work in an outdoor environment.
- Ability to legally operate a motor vehicle under a "C" Class Licence (minimum provisional).
- A willingness to undertake a Functional Capacity Evaluation to satisfy the inherent physical requirements of the position.

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- Provision of a satisfactory Criminal History Check - Police Certificate (Australia Wide Name Only Police Check).
- Ability to be immunised in accordance with Council's Occupational Risks and Immunisation Register.

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### Delegations and Authorisations

Financial, Administrative and Corporate Delegations may be applicable to this position and are detailed in the Delegations Corporate Register.

Legislative Sub-Delegations and Authorisations may also be applicable to this position and are detailed in the external public registers. Both registers are available on Council's Intranet.

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### Acknowledgement

This job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to the role.

|                            |         |
|----------------------------|---------|
| <b>Authorised By:</b>      | Manager |
| <b>Signature:</b>          |         |
| <b>Date:</b>               |         |
| <b>Employee Name:</b>      |         |
| <b>Employee Signature:</b> |         |
| <b>Date:</b>               |         |

# Your Community Your Career

A career with Council is a rewarding one



P: 07 4936 8352 | E: [employment@rrc.qld.gov.au](mailto:employment@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au/AboutCouncil/Careers/Vacancies](http://www.rrc.qld.gov.au/AboutCouncil/Careers/Vacancies)

## Job Application Form

**Privacy Notice:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose assessing your suitability for employment with Rockhampton Regional Council. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

| Lodgement Details                                                                                                                                                                                                                         |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|
| Please complete this Job Application Form and submit with your application to the vacancy you are applying for.                                                                                                                           |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| If you are having any issues uploading this document, please email it to <a href="mailto:employment@rrc.qld.gov.au">employment@rrc.qld.gov.au</a> or drop it in in <a href="#">person at City Hall, 232 Bolsover Street, Rockhampton.</a> |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Position Details                                                                                                                                                                                                                          |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Position title:                                                                                                                                                                                                                           |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Position reference no:                                                                                                                                                                                                                    |                               |                             | Closing date:                                                                                                                                                                                                               |                             |                                                          |
| Applicant Details                                                                                                                                                                                                                         |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Contact name:                                                                                                                                                                                                                             |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Title:                                                                                                                                                                                                                                    | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Mrs                                                                                                                                                                                                | <input type="checkbox"/> Mr | <input type="checkbox"/> Other                           |
| Postal address:                                                                                                                                                                                                                           |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Preferred contact number:                                                                                                                                                                                                                 |                               |                             | Alternate contact number:                                                                                                                                                                                                   |                             |                                                          |
| Email:                                                                                                                                                                                                                                    |                               |                             | Date of birth:                                                                                                                                                                                                              |                             |                                                          |
| Are you currently employed?                                                                                                                                                                                                               |                               |                             | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                    |                             |                                                          |
| If you are employed at what capacity?                                                                                                                                                                                                     |                               |                             | <input type="checkbox"/> Casual <b>whilst at school</b><br><input type="checkbox"/> Casual<br><input type="checkbox"/> Part time > 25hrs<br><input type="checkbox"/> Part time < 25hrs<br><input type="checkbox"/> Fulltime |                             |                                                          |
| Are you eligible to work in Australia, or currently hold a working Visa?                                                                                                                                                                  |                               |                             |                                                                                                                                                                                                                             |                             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If no, please provide details:                                                                                                                                                                                                            |                               |                             |                                                                                                                                                                                                                             |                             |                                                          |
| Visa number:                                                                                                                                                                                                                              |                               |                             | Expiry date:                                                                                                                                                                                                                |                             |                                                          |

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you hold a current driver's licence?                                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If yes, what type?                                                                           | <input type="checkbox"/> L (learners)<br><input type="checkbox"/> P1 (red P's)<br><input type="checkbox"/> P2 (green P's)<br><input type="checkbox"/> P (probationary)<br><input type="checkbox"/> O (open)                                                                                                                                                                                                                                                                                       |
| If yes, what class?                                                                          | <input type="checkbox"/> C (manual car)<br><input type="checkbox"/> CA (auto car)<br><input type="checkbox"/> RE (restricted LAMS approved motorbike)<br><input type="checkbox"/> R (unrestricted any size motorbike)<br><input type="checkbox"/> LR (light rigid truck)<br><input type="checkbox"/> MR (medium rigid truck)<br><input type="checkbox"/> HR (heavy rigid truck)<br><input type="checkbox"/> HC (heavy combination truck)<br><input type="checkbox"/> MC (multi-combination truck) |
| Do you hold any full qualifications?<br>(e.g. Certificate, Diploma or University Degree):    | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>If yes</b> , please provide details of all qualifications currently held:<br><br><br><br> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Equity and Diversity</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Do you identify with the following groups:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Young person (aged 15-24 years)                                                              | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Aboriginal and Torres Strait Islander:                                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Migrants and refugees from culturally and linguistically diverse backgrounds:                | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Person with a disability:                                                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Displaced worker (lost employment with another employer):                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Woman re-entering the workforce:                                                             | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Long term Unemployed                                                                         | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mature-age job seeker (aged 45 years or older)                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Veterans, ex-ADF personnel and their families                                                | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Additional Information** *(please note if you answer yes to the below, your former supervisor will be contacted for a reference)*

Are you currently, or have you been, employed by Rockhampton Regional Council or have you ever been engaged by Council as a labour hire employee?

☐ No ☐ Yes  
*(If yes, please provide role details below)*

Position title:

Department:

Start date:

End date:

How did you become aware of this vacancy?

☐ RRC website

☐ The Hub

☐ The Morning Bulletin

☐ Employee referral

☐ Seek

☐ Social media

☐ LG jobs website

☐ Agency

☐ Other:

**Declaration**

I acknowledge that, prior to appointment to any position at Rockhampton Regional Council, certain pre-employment checks may need to be undertaken.

I hereby give consent to the following:

- The collection, by Rockhampton Regional Council, of personal information about me;
- The collection, by Rockhampton Regional Council, of background information about me;
- My personal details to be disclosed to an authorised Rockhampton Regional Council provider for the purposes of undergoing pre-employment screening.
- A Criminal History Check to be undertaken by Rockhampton Regional Council.

I also acknowledge that Rockhampton Regional Council may, by notice given to me, require me to provide to Rockhampton Regional Council further documentation relating to me within a reasonable time stated in the notice.

I certify that the information I have provided is true and correct.

Name:

Date: