



# Youth Transitions Program

Fax to: (03) 8390 5585

Or

Email to: [youthemployment@bsl.org.au](mailto:youthemployment@bsl.org.au)

## Expression of Interest Form

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### General Information

#### Your Details

First Name:

Family name:

Address:

Suburb:

State:

Postcode:

Phone number:

Mobile:

Fax:

E-Mail:

Date of Birth:

Gender:  Male  Female

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#### Parent/Guardian/Next of Kin Details:

Name:

Relationship to you:

Phone number:

Mobile:

Address (if different to yours):

Suburb:

State:

Postcode:

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Are you still at school?

Yes  No

Name of school

\_\_\_\_\_

Year

\_\_\_\_\_

If you have left school, have you completed any qualifications?  Yes (see below)  No

What qualification did you earn?

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Are you registered with Centrelink?

Yes  No

Are you registered with a Job Service Provider?

Yes  No

Job Network Name & Location:

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Do you have a Driver's Licence:

Yes  No

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What area of employment/training are you interested in?

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Signature

Date

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Parent or Guardian Signature (if under 18)

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Signature

Date

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