Youth Transitions Program

Fax to: (03) 8390 5585
Or
Email to: youthemployment@bsl.org.au

Expression of Interest Form

General Information

Your Details

First Name: Family name:

Address:

Suburb: State: Postcode:

Phone number: Mobile:

Fax: E-Mail:

Date of Birth: Gender: □ Male □ Female

Parent/Guardian/Next of Kin Details:

Name: Relationship to you:

Phone number: Mobile:

Address (if different to yours):

Suburb: State: Postcode:

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?

Are you registered with Centrelink? □ Yes □ No

Are you registered with a Job Service Provider? □ Yes □ No

Job Network Name & Location: _____

Do you have a Driver's Licence: □ Yes □No

What area of employment/training are you interested in?

Signature Date

Parent or Guardian Signature (if under 18)

Signature Date