



Youth Transitions Program

Fax to: (03) 8368 0111

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
