

Get Set for Work Program

ENROLMENT FORM

Email Enrolment to: admin@therealgroup.com.au

Name:	
Date of Birth:	Gender:
Address:	
Contact Number:	
Email Address:	

Parent/Guardian/Carers Details (if under 18 years of age):	
Address:	
Contact Number:	
Email Address:	
Relationship to Candidate:	

Emergency Contact (if different to above):	
Name:	Contact Number:
Relationship to Candidate:	

Education Information	
Are you currently enrolled in school?	Yes No
If currently in school, please list school name and year:	
Previous school/educational institution attended:	
Year attended:	

Cultural Information	
Do you require an interpreter?	Yes No
If so, please add further information:	
What is your main language spoken at home?	
Are you of Aboriginal or Torres Strait Islander descent?	Yes No
Do you have any cultural requirements?	Yes No
If so, please add further information:	

Medical and Health Information	
Medicare Number (if known):	
Do you have any medical conditions, allergies or medication requirements?	Yes No
If so, please add further information:	

If you have any further queries or concerns, please contact:
The Real Group 4939-1445

Support Needs

Do you require further support with your literacy and/or numeracy? Yes No

If so, please add further information:

Do you feel there are any barriers for your learning? (i.e. transport, other commitments, work etc) Yes No

If so, please add further information:

Do you have any current concerns with being able to attend the program? Yes No

If so, please add further information:

Current Employment or Education

Are you currently employed or involved in any educational service? Yes No

If so, please add further information:

Do you have a current resume or cover letter? (If so, please include) Yes No

Identification provided

Birth Certificate	Passport	Drivers Licence	Adult proof of Age Card
Student identification	Medicare Card	Health Care Card	Bank Statement
Centrelink Form	Other		

Any further information not listed above:

Participant Name:

Signature:

Date:

Parent/Guardian/Carers Details (If under 18 years of age):

Signature:

Date: