

Get Set for Work Program ENROLMENT FORM

Email Referral 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: _____

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> Drivers Licence | <input type="checkbox"/> Adult proof of Age Card |
| <input type="checkbox"/> Student identification | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Health Care Card | <input type="checkbox"/> Bank Statement |
| <input type="checkbox"/> Centrelink Form | <input type="checkbox"/> Other | | |

Any further information not listed above:

Participant Name: _____

Signature: _____

Date: _____

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

Signature: _____

Date: _____