

Expression of Interest Form

NOTE: The information requested in this form will be used by statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for those purposes.

This is an expression of Interest for the FLO Work Ready Program. Successful applicants will need to travel off site with Teacher escort utilising public transport where possible. The course is free to the student. The student will need to bring own lunch. Morning and afternoon tea will be provided. The course runs over 12 Days and students who successfully complete will a Statement of Attainment with up to 6 Units in the Certificate II in Business BSB20112, White Card, Asbestos Card, Bus Training, completed resume, job interview skills, advice on the most appropriate industry for a career for each student and the relevant training required to succeed in these industries

Applicant Information						
Trainee Name:		Date of Birth:	1 1	Sex:	М	F
Address:						
Suburb:		Postcode:			_	
Home Phone ()	Work Phone ()	Мо	Mobile:			
Email Address:						
School of Origin:		Current	Year of School	ol;		
Do you consider yourself to have a	ı disability, impairment or long	g-term condition?	Yes □ No □			
If YES, please indicate below -						
☐ Hearing / Deaf☐ Learning☐ Acquired brain impairment	□ Physical□ Mental illness□ Medical Condition	□ Visi	llectual on er			
What country were you born in?						
□ Australia	□ Other	Aus	tralian Citizen			
Do you speak a language other that	an English at home?					
□ No, English only	☐ Yes, Other	_				
How well do you speak English?	☐ Very Well ☐ Well	□ Not \	Well □	Not at all		
Are you Aboriginal or Torres Strait	Islander Origin?					
□ No	☐ Yes, Aboriginal	☐ Yes	☐ Yes, Torres Strait Islander			
Do you have any food allergies: Ye	es 🗆 No 🗆					
If yes please list allergies:						_
Emergency contact Name:	Phone No:		Relationship:			
I give permission for my son/da Company FLO Work Ready Pro utilise my Son/Daughters inform participation in the program.	ogram. I also give permissi	ion for the Austra	alian Training	g Compa	ng ny t	0
Participant's signature:	Date					
Parent/Guardian Name:(If learner under the age of 18)	Signature:		Date:			

Unique Student Identifier (USI)

A USI is now a COMPULSORY requirement for all learners undergoing Vocational Education. It will allow an individual's USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing an individual to see all of their training results from all providers including all completed training units and qualifications. A Unique Student Identifier (USI) is a reference number made up of numbers and letters that give students access to their USI account. This system will ensure that every students' education records outside of school are in one central place. The USI will be is available online and at no cost to the student. This USI will stay with the student for life and be recorded with any nationally recognised VET course that is completed from when the USI comes into effect on 1 January 2015. If you do not already have a USI please go to the following website and create one www.usi.gov.au

My USI number is
VET Coordinator Careers Advisor
The FLO Work Ready Program also has an optional work experience program attach to it. As part of this LEAD the Disability Employment Services Provider, ATC, and ETD will work with you and your school to place you in a work experience in the industry of your choice where possible. To keep you school updated and involved can you provided your schools work experience contact
My schools work experience contact is
Name:
Phone number:
Empil address:

Proof of Identification

To be enrolled in a registered training organisation to completed the course you will need to provide 2 forms of identification *one being photo identification* such forms can be proof of age card, drivers licence, Medicare card, student ID card, birth certificate.

Please ensure you send in your proof of Identification with your expression of interest.



PHOTO RELEASE FORM

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grant permission to the Australian Training Company (ATC) to use, reproduce and communicate the photographs taken of me on this date for the purposes of publications e.g. the Annual Reports, the ATC web site, marketing material including presentations for the promotion of Traineeships and Apprenticeships and other Australian Training Company programs.
I also grant permission to the Australian Training Company to use, reproduce and communicate the photographs taken of me on this date for educational purposes.
Signed: Date:
Address:
Telephone:
Email:
Please note: If the Australian Apprentice is less than 18 years of age a parent or guardian must sign this form.