Acceles Creating Pathways to Employment

Expression of Interest

Are	you interest	ed in <i>(please t</i>		t Vehicle ry Vehicl			_	ı (Skills	Гесh Аса	acia Ridge o	nly)				
First Name					Lá	ast Nar	ne								
Preferred name for your qualification	Date of Birth/ Fe										Fem	ale	Male		
School	LUI (if known):									Current Year Level					
Female Shirt Size Male Shirt Size	☐ 6	8	10	+=	12 (L		14 XXL		.6 XXXL	18 Ty	20 (XXL		22 XXXXXL		
Mate Silit Size					\L		///L		////L		VVVL	<u>'</u>	UVVVVL		
Personal Email								_							
School Email	Mobile														
Address	Suburb											de			
Parent/Guardian or Carer Name	Mobile														
Parent/Guardian or Carer Email Details	Th	nese contact detai	ils will be used to	communic	ate with	your pa	rent/gua	rdian abou	ıt upcomir	ng program dati	es and inform	ation			
Do you identify	These contact details will be used to communicate with your parent/guardian about upcoming program dates and inform from a non-English speaking background Aboriginal and/or Torres Strait Islander														
as being: (Please tick)	a student with disability or impairment Do you have permanent residency in Australia?									су	Ye	s / No			
	Are you a New Zealand Citizen? Yes / No														
I attended the information night (please circle the applicable response)									1	Vo	s / No				
Are you currently enrolled in a qualification at school?											Yes / No				
If yes, which Registered Training Organisation (RTO) do you attend and what is the name of the qualification?															
RTO:															
What year are you likely															
Have you previously completed a qualification/s at school? (please circle the applicable response)												Yes / No			
If yes, specify the RTO that provided the services and the name of the qualification.															
RTO:Qualification:															
If accepted into the Acc	celR8 nrogra	ım Lunderst	and• (nlease	circle)											
If accepted into the AccelR8 program, I understand: (please circle) The AccelR8 program is an employer hosted opportunity in which I will develop skills required for me to transition								.,	/ 5:						
from school to work and therefore, I will not receive a wage										Ye	s / No				
My working hours will be based on my host's business hours (not school hours)										Ye	s / No				
I commit to completing the Program's 20 days of Structured Workplace Learning including completing the Skills Portfolio. I am also responsible for making up any days I miss in the workplace.									Ye	s / No					
I will participate fully to complete the industry qualification including attending all training and assessment sessions									ns	Yes / No					
I commit to completing my Queensland Certificate of Education										Yes / No					
I need to equip myself with the following personal protective equipment (PPE) - Steel cap safety boots - Cotton drill workwear (to be discussed with employer)										Ye	s / No				
<u> </u>															



Have you obtained your Learners Permit?	Yes / No							
If not, when are you looking to obtain it?								
If you have acquired your Learners Permit how many driving hours have you completed?								
How many days of school have you missed this year as recorded on your report card?								
If high unattendance, what were the reasons?								
Do you have any other commitments outside of school (Monday – Friday) e.g. sports, music lessons, work etc.? Please specify:								
Note: The decision to accept you into the AccelR8program will be, in part, based on your considered responses to the following questions.								
I want to be a part of the AccelR8 program because (finish this statement) –								
Please list your experience with cars (tinkering on cars, work experience, part-time work):								
My preference for training is at <i>(please tick preferred training provider and location) –</i>								
 Oceania College of Technology –								
I will support my son/daughter's attendance at all training and work placement for this program by ensuring that transportation is in place by driving, walking, bus, train etc.								
Parent/Guardian/Carer signature:								
What additional support may be required to ensure successful completion of your training and work placement?								
Please return this completed EOI to your school co-ordinator together with a completed Project Consent Form within one (1) week. In signing this form, Lunderstand this information will be forwarded to Accel R8 host workplaces								
In signing this form Tunderstand this information will be forwarded to AccelRR bost workplaces	e (1) week.							
In signing this form, I understand this information will be forwarded to AccelR8 host workplaces. Student signature:/								
	/							

