

## Expression of Interest

First Name				Last Name			
Preferred name for your qualification certification				Date of Birth	___/___/___	<input type="checkbox"/> Female	<input type="checkbox"/> Male
School				LUI (if known):			Current Year Level

Female Shirt Size	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 20	<input type="checkbox"/> 22
Male Shirt Size	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXXXL	<input type="checkbox"/> XXXXXL	<input type="checkbox"/> XXXXXL

Personal Email								
School Email				Mobile				
Address				Suburb			Postcode	
Parent/Guardian or Carer Name				Mobile				
Parent/Guardian or Carer Email Details	<i>These contact details will be used to communicate with your parent/guardian about upcoming program dates and information</i>							
Do you identify as being: (Please tick)	from a non-English speaking background <input type="checkbox"/>			Aboriginal and/or Torres Strait Islander <input type="checkbox"/>				
	a student with disability or impairment <input type="checkbox"/>			Do you have permanent residency in Australia?		Yes / No		
	Are you a New Zealand Citizen?		Yes / No					

I attended the information night (please circle the applicable response)	Yes / 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: ..... Qualification: .....	
What year are you likely to complete this? .....	
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 AllevE8 program, I understand: (please circle)	
The AllevE8 program is an employer hosted opportunity in which I will develop skills required for me to transition from school to work and therefore, I will not receive a wage	Yes / No
My working hours will be based on my host's business hours (not school hours)	Yes / 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.	Yes / No
I will participate fully to complete the industry qualification including attending all training and assessment sessions	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): - Enclosed footwear - Uniform to be discussed individually with employer	Yes / No

What areas of health are you interested in?	.....
Are you thinking of doing university or TAFE study after year 12?	Yes / No
Do you have your immunisations up to date? (You will be required to supply confirmation from your GP)	Yes / No
If accepted into the AllevE8 program you will need to undergo a police check. Do you agree with this? (Reimbursement for cost available)	Yes / No

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 etc.? Please specify: .....

**Note: The decision to accept you into the AllevE8 program will be, in part, based on your considered responses to the following questions.**

I want to be a part of the AllevE8 program because (finish this statement) –  
.....  
.....  
.....

**My three (3) preferred host businesses are the following and my reasons for these choices are –**

1. ....  
Reason/s: .....

2. ....  
Reason/s: .....

3. ....  
Reason/s: .....

**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, I understand this information will be forwarded to the 3 host workplaces I have identified above.

Student signature: ..... / /

If..... is accepted into this program, I/we accept to pay for the PPE as required by the host workplace.

Parent/Guardian/Carer signature: ..... / /