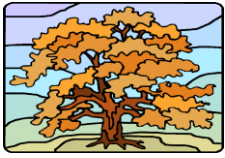


# Expression of Interest Form

## Application for Enrolment in a Funded Training Place NOA or EXEMPTION FORM MUST ACCOMPANY ANY APPLICATION BY SCHOOL AGED STUDENTS

<b>Name:</b>			
<b>Gender:</b>	Male / Female	<b>Date of Birth:</b>	
<b>Address:</b>			
		<b>Post Code:</b>	
<b>Email:</b>			
<b>Telephone:</b>	Home:	Mob:	
<b>USI:</b>			
All students enrolling into accredited courses <b>MUST</b> provide a USI. If you do not have a USI, you can register for one at <a href="http://www.usi.gov.au">www.usi.gov.au</a>			
Are you: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Undertaking fulltime education/training			
Do you have a Concession Card? <input type="checkbox"/> YES <input type="checkbox"/> NO		Card No:	
Do you identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you from a culturally and linguistically diverse background?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SOURCE OF REFERRAL:</b>		<b>REQUESTED COURSE:</b>	
<b>Foundations Skills Courses Only</b> <input type="checkbox"/> Participation Co-ordinator _____ <input type="checkbox"/> SET <input type="checkbox"/> ETM <input type="checkbox"/> Self* (ATSI only) <input type="checkbox"/> Other Registered Broker: _____		Please tick the box of the course you are applying for: <u>Foundation Skills</u> <input type="checkbox"/> Certificate I in GATE <input type="checkbox"/> Certificate II in General Education for Adults <input type="checkbox"/> Certificate III in General Education for Adults <u>Priority Industry Qualifications</u> <input type="checkbox"/> Certificate III in Community Service Work	
<b>Have you previously completed any of the following levels of qualification?</b>			
<input type="checkbox"/> Certificate I or II <input type="checkbox"/> Certificate III <input type="checkbox"/> Higher Qualification Level _____ <b>Or School Year</b> <input type="checkbox"/> Year 8 (or less) <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12			
<b>Are you interested in applying for either of the following:</b> <input type="checkbox"/> RPL <input type="checkbox"/> Credit Transfers?			
<b>SITE PREFERENCE</b> - Please tick the box of your Preferred site			
<input type="checkbox"/> Altona Youth Services (Beechboro) <input type="checkbox"/> Bassendean Youth Services (Bassendean) <input type="checkbox"/> External Studies <input type="checkbox"/> The Good Shepherd (Balga) <input type="checkbox"/> Jacaranda		<input type="checkbox"/> Youth Beat - Mission (Northbridge) <input type="checkbox"/> CYTS Office (West Leederville) <input type="checkbox"/> Geraldton <input type="checkbox"/> Other ( <i>Please state</i> ):	



# Expression of Interest Form

## TRANSITION PLAN & SUPPORT ANALYSIS

1. What is the name of the last school or training provider you attended?
  
2. What was the approximate date you last attended school or other study? -  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  
3. Why would you like to join a CYTS Program?
  
4. Are you connected to any other agencies or support services?  YES  NO
  
5. If Yes, please tick all agencies or support services that apply to you and add any that are not listed here in the space provided below.
  - Student Engagement Team ( Department of Education )
  - Participation Coordinator ( Department of Education )
  - Centre Link
  - Head Space
  - Juvenile Justice
  - PCYC
  - Youth Connections
  - Other/s :  
 \_\_\_\_\_  
 \_\_\_\_\_

### DISCLAIMER

CYTS is committed to providing a safe, productive and stimulating educational environment for all students and staff, your answers to the following questions will give an indication of the appropriate support needs that you will require to assist in your participation and engagement in the respective CYTS program.

All responses are treated as strictly confidential between the applicant and CYTS. The information provided by the applicant on this form will not be divulged to any 3<sup>rd</sup> party without the written permission of the applicant.

Applicant's Signature:		Date:	
Parent/ Guardian Signature :		Date:	