



Expression of Interest

1. PERSONAL DETAILS:

STUDENT DETAILS											
Given Names:											
Surname:											
Address:											
Suburb:				Postcode:							
Phone:				Work Ph:							
Mobile:				Email:							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male

PARENT/GUARDIAN DETAILS										
Given Name:										
Surname:										
Address:										
Suburb:				Postcode:						
Phone:				Work Ph:						
Mobile:				Email:						
Relationship to Student:										

2. EDUCATION DETAILS

APPROPRIATE PROGRAM LEVEL FOR APPLICANT:			
<input type="checkbox"/>	VCAL (Foundation)	<input type="checkbox"/>	VCAL (Intermediate)

PLEASE COMPLETE DETAILING YOUR PRIOR EDUCATION			
YEAR	INSTITUTION	COURSE (VCE/VCAL/OTHER)	DATE OF COMPLETION
What is your highest level of school completion?			
Have you completed any VET certificates or other courses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please complete details:			
COURSE		TRAINING PROVIDER	





3. ADDITIONAL INFORMATION

Are you receiving support from an agency or organisation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please complete details:			
Name of Agency:			
Contact Person:		Phone:	
Name of Agency:			
Contact Person:		Phone:	
Did you consent to us contacting these agencies if we need to discuss any concerns we have with your progress and/or participation in the Fresh Program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Issues surrounding young person's disengagement/disconnection?

How could the Fresh Program provide a different educational experience for this young person?

Are there any other relevant factors you would like us to know?

Person making the referral:			
Organisation:		Contact Phone:	

Fresh Program - Western Bulldogs
PO Box 4112, DC Footscray West VIC 3012
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education@westernbulldogs.com.au

OFFICE USE ONLY

Date contact made:	
Person taking referral:	

