

Personal details

First name:	Surname:	Pronouns:
Preferred name:	Date of birth:	Mobile:
Home address:		
Email:	Language(s) spoken at home? Please specify:	
Country of birth:		
Do you have a visa: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa type:

Do you identify as (tick all that apply):

□ An Aboriginal and/or Torres Strait Islander person	□ Culturally and Linguistically Diverse (CALD)
□ Gender diverse	□ A person with a disability
□ First in family tertiary student	□ Not engaged in education, employment or training
□ Long-term unemployed	□ Additional needs, e.g. literacy/numeracy support

I am currently (tick all that apply):

□ Unemployed	□ Working full-time	□ Working part-time
□ Studying (secondary)	□ Studying (Uni/VET)	□ Thinking of leaving school
□ Volunteering	□ Looking for a career change	□ Caring for children/family
□ Other (please specify):		Place of employment:

Are you registered with any agencies?

□ Workforce Australia Provider	□ Disability Employment Services Provider
□ Not for profit organisation	□ Other
Organisation's name:	Consultant's name:
Who referred you to this program:	

What is your highest level of education?

Secondary:	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12			
Further education:	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III	<input type="checkbox"/> Cert IV	<input type="checkbox"/> Dipl.	<input type="checkbox"/> Undergrad	<input type="checkbox"/> Postgrad

Currently studying / Institution name:

Do you have any of the following?							
Driver's licence	<input type="checkbox"/> Full	<input type="checkbox"/> Ps	<input type="checkbox"/> Ls	<input type="checkbox"/> no licence			
Access to a car	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
First Aid certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Working with Children Check?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (employment) (current)	<input type="checkbox"/> Yes (Volunteer) (current)
					SRN/ Application No.		

Emergency contact:

First name:	Surname:	Contact No:
Relationship to applicant:		

Authorisation

By completing and signing this registration form, I confirm that I understand and agree to authorise Gowrie SA, along with any relevant subcontractors involved in this program, to share and exchange my information and history with the Department for Education, relevant government and non-government agencies, and employers. I understand that my information may be disclosed without my authorisation when required by law.

Participant's signature (or guardian if under 18) _____ Date: _____

