

Yarnteen Indigenous Youth Mobility Program Expression of Interest Form

I _____ confirm that I:

(Insert name)

- Am, and I identify as, a person of Australian Aboriginal or Torres Strait Islander descent and;
- Am accepted as an Australian Aboriginal or Torres Strait Islander in the community in which I live or have lived
- Am aged between 16 and 24 years
- Have the support of my family and/or community to relocate from a remote community in order to access the training. I need to meet my employment goals and;
- Am willing to relocate to Newcastle to pursue employment and training opportunities

Signature of Parent or Guardian: _____ Date: ____________

Personal Information

Surname: _____ Given Names: _____

Other previous names known by: _____

Home Address: _____

Town: _____ Post code: _____ Date of Birth: ____________

Telephone Number: Home: (____) _____ Mobile: _____

Email Address: _____

Home Community: _____

Sex: Male Female

Identity: Aboriginal Torres Strait Islander Both Neither

Are you on Centrelink benefits? Yes No

If yes what payment are you receiving from Centrelink? _____

Marital Status: De Facto Married Single

Do you have dependent children? Yes No

Next of Kin

Surname: _____ Given Names: _____

Other previous names known by: _____

Home Address: _____

Town: _____ Post code: _____

Sex: Male Female Date of Birth: ____________

Telephone Number: Home: (____) _____ Mobile: _____

Email Address: _____

Do you have support from your family / home community to enter IYMP? Yes No
 Are you currently employed? Yes No
 Have you completed any post-secondary education and training? Yes No

Please tick any/all of your study interests:

Business\Administration Childcare Tourism Health
 Hospitality Construction Horticulture Horticulture
 Other: _____

Education Information

School Attended \ Attending: _____

Year left \ expecting to leave: _____

Highest level of secondary schooling completed (tick): Year 9 Year 10 Year 11 Year 12

Name of School Principle: _____ School Phone Number: (____) _____

When would be the most suitable time to meet to do an initial assessment at your home location?

Please note that if you are under 18 years of age, a parent or guardian must co-sign this form

I confirm that the information provided in this form is true and correct. I hereby authorise Yarnteen to collect my personal information for the purposes of providing training and employment services. I understand that my information may be forwarded to a third party in relation to these services or to a relevant government department, or as required by law.

Signature: _____ Date: ____________

Name of Parent or Guardian: _____ Date: ____________

Signature of Parent or Guardian: _____ Date: ____________

Do you intend to attach additional information? (e.g. resume, copies of awards etc) Yes No

Signature: _____ Date: ____________

Additional information

Please indicate any additional information that you are supplying to support your application:

Congratulations on having completed your expression of interest for the Indigenous Youth Mobility Program.

Return Address Details: Please send completed expression of interest form to: PO Box 26 Carrington NSW 2294 or Email: iympstaff@yarnteen.com.au