



Community VET Programs

Expression of Interest		
Full Name:		Date of Birth:
Mobile:	Home Phone:	Gender:
Address:		
Email:		Signature:
Interested in the following YMCA SQW Qualification: (please tick)		
<input type="checkbox"/>	Certificate II Salon Assistant (Community Work Skills) Kingston	
<input type="checkbox"/>	Certificate II Salon Assistant (Community Work Skills) Mango Hill	
<input type="checkbox"/>	Certificate I Conservation & Ecosystem Management	
<input type="checkbox"/>	Certificate I Hospitality	
Eligibility for Community Work Skills Programs: (please tick)		
<input type="checkbox"/>	Aged 15 or over	
<input type="checkbox"/>	Ineligible for Australian Government employment services; OR	
<input type="checkbox"/>	Have accessed Australian Government services for more than six months and remain unemployed	
<input type="checkbox"/>	Australian citizen, Australian permanent resident (includes humanitarian entrant); OR	
<input type="checkbox"/>	Temporary resident with the necessary visa and work permits on the pathway to permanent residency	
<input type="checkbox"/>	New Zealand Citizen	
Referral (If Applicable)		
Referrer Name:		Agency/School Name:
Phone:	Email:	
Participant's Relevant History:		
Signature:		Date: