



## EXPRESSION OF INTEREST

1. Applicant Details (Please Print Clearly)		
First Name:	Middle Name:	Surname:
Phone:	Date of birth:	
Email:		
Address:		Postcode:

2. Applicant History	
What is your highest level of school completed:	Year you completed High School:
What is the highest qualification you have completed:	
When did you complete the qualification (month & year):	
Are you currently undertaking any other study:	<input type="radio"/> No <input type="radio"/> Yes (provide details below)
If Yes, what?	
Are you an: (please circle) <ul style="list-style-type: none"><li><input type="radio"/> Australian Citizen/Permanent Resident</li><li><input type="radio"/> New Zealand Passport Holder in Australia for 6 months or more</li><li><input type="radio"/> Other, please specify:</li></ul>	
Are you living in Queensland:	<input type="radio"/> No <input type="radio"/> Yes
Are you currently receiving Centrelink payments: <input type="radio"/> No <input type="radio"/> Yes - If yes – Which type:	
Current Employment Status: Less than 25hrs per/week [ <input type="checkbox"/> ] More than 25hrs per/week [ <input type="checkbox"/> ] Not Employed [ <input type="checkbox"/> ]	
If not employed – How long? : Less than 12 months [ <input type="checkbox"/> ] Between 12 - 24 months [ <input type="checkbox"/> ] Greater than 24 months [ <input type="checkbox"/> ]	

3. IF APPLICABLE Jobactive Australia (JA)
Do you have a JA: (JA name/office)

4. Personal Details
Do you identify as: Aboriginal [ <input type="checkbox"/> ] Torres Strait Islander [ <input type="checkbox"/> ] Both [ <input type="checkbox"/> ] Non Indigenous [ <input type="checkbox"/> ]
Do you have an impairment or disability that may impact on your ability to participate fully in the program? yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Shirt size: Shoe size: