



YOS Goodna Expression of Interest / Application Form

Please complete the form below and return to The Salvation Army Youth Outreach Service: Goodna, if you wish to enrol in the Flexible Learning Centre (*enrolment will depend on spaces available*).

PERSONAL DETAILS

Student ID # (office use only):

Full Name:

Date of Birth: Age:

Address: Post Code:

Contact Numbers: (H): (M):

Referring Organisation: (Ph):

Youth / Case Worker: (Ph):

Were you born in Australia? YES NO Country Born.....

Do you identify as Indigenous/ or Torres Strait Islander? YES NO

Who is filling out this form?

EDUCATIONAL HISTORY (Please list your last High School or previous High Schools below)

Are you currently enrolled at another school? YES NO

What is the reason for you changing schools?

Do you have a LUI number? YES NO

LUI Number (if known):

Name of High School	Grade Level	Year Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What year grade / level do you wish to enrol in? (Please circle) 10 11 12

Do you receive Centrelink benefits? YES / NO (Please Circle)

Type of Benefit/s:

What is your goal on completion?

Career / Job Preference one:

Career / Job Preference two:

Are you interested in an apprenticeship or traineeship? (Please circle) YES / NO

If so, what area?

Have you had any previous testing done by your school or doctor that may impact on your learning?

Do you have a go card? YES / NO

PARENT / GUARDIAN DETAILS (this must be filled out if residing with or under the age of 16)

Name of parent / guardian:

Home: Mobile: Work:

Address: Post Code:

Emergency contact person: Contact Number:

How did you find out about the Flexible Learning Program? (Please tick)

Previous School

Youth Service / centre

Centrelink

Word of mouth

Previous Student of Program

Youth Justice

Job Network Agency :

Other:

I give permission for the YOS Education Program to obtain any relevant educational documents from my previous school / s to assist with my application.

Client Signature: Date:

OFFICE USE ONLY (Applicants do not fill in this section)

Expression of Interest form received: [Redacted]

Interview time & date: [Redacted] YOS Worker: [Redacted]

Applicant contacted on: [Redacted] [Redacted] [Redacted]

Staff members who attended interview: [Redacted]

Date interview letter and school brochure sent to applicant: [Redacted]

Enrolment Approved: YES NO

Enrolment Meeting: [Redacted]

Start Date: [Redacted]

Comments:

[Large redacted area for comments]