



# 2022 EXPRESSION OF INTEREST

School Based Apprenticeship  
 School Based Traineeship  
 Maleny State High School

**STUDENTS:** COMPLETE THIS FORM THOROUGHLY, NEATLY AND IN YOUR OWN HANDWRITING.

RETURN TO MR JACOBSEN or MRS MUNDT IN C BLOCK

**EVERY SECTION IS COMPULSORY AND MUST BE COMPLETED.  
 INCOMPLETE FORMS WILL BE RETURNED.**

<b>STUDENT NAME (IN FULL)</b>	<b>STUDENT DATE OF BIRTH</b>	<b>YEAR LEVEL</b>
<b>STUDENT CONTACT DETAILS</b>		
<b>NAME:</b> ..... <b>EMAIL ADDRESS: (EMPLOYER APPROPRIATE):</b> ..... <b>STUDENT GENDER</b> (PLEASE CIRCLE) MALE / FEMALE <b>STUDENT PHONE NUMBER:</b> ..... <b>STUDENT ADDRESS (INCLUDING POSTCODE)</b> .....		
<b>ARE YOU FROM A CULTURALLY OR LINGUISTICALLY DIVERSE BACKGROUND?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ARE YOU AN INDEGENOUS STUDENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ARE YOU AN AUSTRALIAN CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DO YOU HAVE A DISABILITY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>SUBJECTS CURRENTLY BEING STUDIED. INDICATE WITH A CIRCLE WHICH SUBJECT YOU WOULD DROP IF YOUR APPLICATION WAS SUCCESSFUL</b> 1. .... 2. .... 3. .... 4. .... 5. .... 6. ....		
<b>PARENT/CAREGIVER CONTACT DETAILS</b>		
<b>NAME:</b> ..... <b>WORK/MOBILE:</b> ..... <b>EMAIL ADDRESS:</b> .....		
<b>STUDENT ADDRESS (INCLUDING POSTCODE)</b>	<b>DO YOU GIVE PERMISSION TO RECEIVE TEXT MESSAGES TO YOUR OR STUDENT MOBILE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DOES YOUR TRAINEESHIP HAVE TO BE IN A PARTICULAR TOWN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WHERE?</b> ..... <b>IF NO, CIRCLE THE PLACES LISTED BELOW WHICH YOU COULD GET TO, IF A TRAINEESHIP WERE AVAILABLE:</b> BEERWAH - BRISBANE - CALOUNDRA - KENILWORTH - LANDSBOBOUGH - MAROOCHYDORE - NAMBOUR	<b>WHAT ARE YOU HOPING TO DO WHEN YOU HAVE COMPLETED YOUR CERTIFICATE II OR III?</b>	
<b>PLEASE HAVE YOUR EMPLOYER COMPLETE THIS SECTION AND SIGN TO CONFIRM DETAILS</b>		
<b>LEGAL BUSINESS NAME:</b> .....		
<b>TRADING NAME:</b> .....		
<b>CONTACT NAME:</b> .....		
<b>ADDRESS:</b> .....		
<b>PHONE/MOBILE:</b> .....		
<b>EMAIL:</b> .....		
<b>ABN NUMBER:</b> .....		
<b>SIGNATURE:</b> .....		