



# Expression of Interest (EOI) Senior Secondary Future Pathways

Empowering Learners. Empowering Futures.

Return completed Expression of Interest and supporting documents to Senior Schooling Hub in the Library

|                    |                              |   |                                     |                              |                             |
|--------------------|------------------------------|---|-------------------------------------|------------------------------|-----------------------------|
| Student Details:   |                              |   |                                     |                              |                             |
| Name:              |                              | Date of Birth:                            |                                     |                              |                             |
| Email:             |                              | Contact Number:                           |                                     |                              |                             |
| Address:           |                              |   |                                     |                              |                             |
| LUI:               |                              | USI:                                      |                                     |                              |                             |
| Disability Status: | <input type="checkbox"/> N/A | <input type="checkbox"/> Further details: |                                     |                              |                             |
| ATAR Eligible:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No               | Have you completed work experience: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*\*Note: If you are ATAR-eligible, there are further restrictions for completing a course of study outside of school.*

|                                  |   |                                       |  |  |  |
|----------------------------------|---|---------------------------------------|--|--|--|
| Cultural and Citizenship Details |   |                                       |  |  |  |
| Country of Birth:                |   | Residency Status:                     |  | <input type="checkbox"/> Australian Citizen    |  |
|                                  |   |                                       |  | <input type="checkbox"/> New Zealand Citizen   |  |
| Indigenous Status                | <input type="checkbox"/> Aboriginal             | <input type="checkbox"/> Both         |  | <input type="checkbox"/> Permanent Visa holder |  |
|                                  | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Neither      |  | <input type="checkbox"/> Temporary Visa holder |  |
| Language spoken at home:         | <input type="checkbox"/> English                | <input type="checkbox"/> Other: _____ |  |  |  |

|                      |  |                     |  |
|----------------------|--|---------------------|--|
| TAFE Course Details: |  |                     |  |
| Course Name:         |  |                     |  |
| Course Code          |  | Preferred location: |  |

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| School-based apprenticeship and traineeship details: |  |   |                                      |
| Industry   |  | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Traineeship |
| Business Name:                                       |  | Main Contact:                           |                                      |
| Email:   |  | Contact Number:                         |                                      |
| Employer address:                                    |  |   |                                      |

|  |  |
|--|--|
| Supporting documents: Supply PDF/electronic or photocopied versions as documents will not be returned. |  |
| <input type="checkbox"/>   | Copy of one (1) student Identification document (Australian birth certificate <b>or</b> passport <b>or</b> drivers' licence) |
| <input type="checkbox"/>   | Copy of student's current timetable  |

I acknowledge and understand that while in the workplace, information and knowledge that I may gain observe could be of a sensitive or confidential nature. I hereby conscientiously and solemnly declare that I will not disclose or reveal any such information to any other person, nor will I do anything to jeopardise my position of trust or adversely affect the school-based Apprenticeship/Traineeship, work placement or other outside Vocational Education courses for myself or any other student. I also authorise and request that Wavell State High School submit my application and necessary information to relevant companies and organisations to assist in placing me in the requested program.

|  |           |                              |                             |
|--|-----------|------------------------------|-----------------------------|
| Student Signature:   |           | Date:                        |                             |
| I have read my child's application for the specified program and I acknowledge and agree that my child's participation in the program is part of the education process. I agree to give assistance and encouragement to facilitate my child. |           |                              |                             |
| Parent/Caregiver Name:   |           | Relationship to student:     |                             |
| Email:   |           | Contact Number:              |                             |
| Parent/Caregiver Signature:  |           | Date:                        |                             |
| OFFICE USE ONLY:   | Approval: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  |           | Date:                        |                             |