Get Work Ready

Group program- registration form

*Please type or write in the boxes below*

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| --- |
| **Personal Information** |
| Name: |  |
| Contact number: |  |
| Address: |  |
| Email |  |
| Age (& DOB): |  |
| **Emergency Contact/Parent**  |
| Name: |  |
| Mobile number: |  |
| Home Phone:  |  |
| Work phone: |  |
| Email: |  |
| Relation to young person: |  |

|  |
| --- |
| **Education and Work Information (please circle)** |
| Currently working: | Yes/No |
| Looking for work: | Yes/No |
| Currently studying: | Yes/No |
| Level of study: | High school/Tafe/Private college/University |

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| **Other Information (please circle)** |
| How did you find out about this group? | Website/friend/parent/carer/facebook/school/TafeOther (please specify):  |
| I am happy to be contacted for further group programs similar to this? | Yes/No |

**Once completed please email to** **headspace.miranda@cesphn.com.au**