



# School-based Traineeships Aboriginal &/or Torres Strait Islander identified Expression of interest form

## Personal Details

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_

**Do you identify as an Aboriginal and/or Torres Strait Islander person?**     Aboriginal     Torres Strait Islander

## Parent/ Guardian Details

Parent/ Guardian Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## School Details

Secondary/ High School: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of School Contact Person: \_\_\_\_\_

Name of School Principal: \_\_\_\_\_

**A School-based Traineeship usually takes 2 years to complete during years 11 & 12. There is a combination of paid work and study.**

Do you have the capacity to undertake paid work and study in addition to your Year 11 or 12 commitments?

\_\_\_\_\_

Please attach your last two school reports including attendance records and results in Maths & English.

\_\_\_\_\_

Subjects chosen for Years 11 & 12 (if known)

\_\_\_\_\_

**Have you completed any work experience or paid casual employment?**  Yes  No

**Please provide details.**

Company Name: \_\_\_\_\_

Pervious/ Current employer name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

When you worked there: \_\_\_\_\_

**Why are you interested in a School-based Traineeship?**

\_\_\_\_\_  
\_\_\_\_\_

**Which industries are you interested in? E.g. Business Administration, Financial Services, Agriculture and Education, Childcare.**

\_\_\_\_\_  
\_\_\_\_\_

**What do you want to do when you finish school?**

\_\_\_\_\_  
\_\_\_\_\_

**Have you completed any work experience or paid casual employment?**  Yes  No

**Please confirm location(s) you are interested in undertaking a School based Traineeship?**

\_\_\_\_\_  
\_\_\_\_\_

**USI Number** \_\_\_\_\_

MEGT is committed to protecting privacy and will manage personal information in an open and transparent way. Our privacy policy is available at [www.megt.com.au](http://www.megt.com.au)

I support my child completing a School Based Traineeship.

.....  
Signature of parent or Guardian (or confirmation from the School that this traineeship is supported by the Parent or Guardian)

\_\_\_\_\_ High School supports this student in completing a School Based Traineeship.

.....  
Signature of School Representative

If you have any questions please contact MEGT at [registeryourinterest@megt.com.au](mailto:registeryourinterest@megt.com.au)