**Expression of Interest Form**

**Better Outcomes SQW Certificate II in Retail**

**PARTICIPANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| FULL NAME |  | DATE |  |
| GENDER |  | DATE OF BIRTH |  |
| ADDRESS |  | | |
| SUBURB |  | POSTCODE |  |
| MOBILE NUMBER |  | HOME NUMBER |  |
| EMAIL |  | | |
| HOW/WHERE DID YOU HEAR ABOUT THIS COURSE? | | | |
| So that we might adjust our service delivery, is there anything that we need to be aware of that may hinder your ability to learn? Eg Dyslexia, English is your second language  YES / NO  Details: | | | |
| Is there any medical condition/s that may disadvantage your progress, or prevent you from undertaking assessments, that we need to be aware of so we might adjust our service delivery? Eg vision or hearing impaired  YES / NO  Details: | | | |

**Does the participant qualify for the SQW program?**

|  |
| --- |
| Is the participant a Queensland resident aged 15 years and over who wants to find employment? |
| YES / NO |
| If yes, do they identify with any of the following? |
| Ineligible for Australian government employment services or assistance? |
| YES / NO |
| Require complimentary services because there are significant barriers to learning? |
| YES / NO |
| Have accessed Australian government services for more than six months and remain unemployed? |
| YES / NO |

**Referral Details (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY |  | | |
| CONTACT NAME |  | | |
| PHONE NUMBER |  | ALT NUMBER (IF APP) |  |
| EMAIL |  | | |
| ADDRESS |  | | |
| SUBURB |  | POSTCODE |  |

**Declaration**

|  |
| --- |
| I certify that the I/the applicant is suitable for the course and wants to find employment.  Signature Date |

**Please scan or photograph and email to: projectcoordinator@bettertogether.net.au**