



Participant Expression of Interest

Applicant Information

Full Name: _____

Address: _____

Phone: _____ Email: _____

Gender: _____ D.O.B: _____ Age: _____ (must be between 15-24)

Why do you want to be involved in YES?

Why do you want to be involved in YES?
Do you have a dream job? If so, what is it?
Do you have any skills, talents or services? Or do you have an idea you would like to develop?

To determine your eligibility please answer yes or no, whichever applies:

Have you been unemployed for 6 months or more?		Do you have any children or dependents?	
Have you ever had an experience of living in foster care?		Are you homeless or at risk of homelessness? (e.g. couch- surfing, shelter etc.)	
Are you living 30km or more outside of Hobart City?		Are your parents currently unemployed?	
Do you identify as indigenous?		Do you have a disability?	

Referring provider use:

Referring Organisation:	Annual Activity Requirement (AAR) (yes/no)
Contact Name:	Hours required for AAR
Email:	Early School Leaver Status (yes/no)
	ESL participation hour requirement