

BARRANGIRRA

MENTORING AND POST TRAINING PATHWAY PROGRAM

Learner Registration Referral Form

INSTRUCTIONS

This downloaded PDF is interactive and can be completed using Adobe Acrobat and then saved. Or it can be printed out, completed by hand and then scanned or photographed using a mobile phone. Return completed forms (saved PDFs / scans / photo) to Kelli Allan via email at kelli.allan@gomeroieducation.com

For those learners who do not have access to a printer – an **Expression of Interest** form can be completed via the website and one of our mentors will contact you to assist in completing the *Barrangirra - Learner Registration Referral Form* over the phone.



LEARNER INFORMATION

Name: DOB: Gender:

Address:

Phone: Email:

Preferred Method of Contact: Phone Email SMS Zoom Teams FaceTime

Other (please specify):

Are you Aboriginal or Torres Strait Islander? No Aboriginal Torres Strait Islander

Do you have an identified Disability? No Yes

if Yes, please specify diagnoses:

Relationship Status: Single De-facto Married Separated Divorced

EMPLOYER DETAILS

Business Name:

Business Address:

Employer or supervisor's Name:

Phone: Email:

Industry: (e.g. Mechanic)

Commencement of Apprenticeship/Traineeship/Other Training:

Start Date Completion Date

COURSE INFORMATION

Training provider: (e.g. TAFE, community college)

Course Name:
(e.g. Certificate II In Automotive Servicing Technology)

Course Number: **Stage:** (e.g. 1st Yr Apprentice)

Trainer/Teacher's Name:

School Details:
(for learner's completing school-based traineeships)

AREAS FOR SUPPORT

Referring Person: Self Parent/Guardian Employer/Supervisor Training Advisor
Other (please specify):

Do you require learning support?
No Yes Comment:

Are you completing/submitting course work on time?
No Yes

How confident are you with regards to:

Your reading skills:	Very Good	Good	Not Good	Not at All
Your writing skills:	Very Good	Good	Not Good	Not at All
Your computer skills:	Very Good	Good	Not Good	Not at All

Do you have transport issues?
No Yes Comment:

Do you have accommodation issues?
No Yes Comment:

Are you experiencing financial issues/hardship?
No Yes Comment:

Are you experiencing ill health?
No Yes Comment:

Do you require mental health support?
No Yes Comment:

Do you require other additional supports?
No Yes Comment:

Is there anything else you would like to share?
No Yes Comment:

PARTNERSHIP AGREEMENT

Gomeri Education and Training (GET) and Gomeri Dance Company (GDC) work in partnership as registered providers of Barranggirra – Aboriginal skilling for Employment Initiative. GET and GDC will be delivering the Barranggirra - Mentoring and Post Training Pathway Program on behalf of Training Services NSW (TSNSW) in the New England Region.

DISCLAIMER – RELEASE OF INFORMATION

By signing below, you are accepting registration to the Barranggirra Program.

At times Barranggirra – Mentoring and Post Training Pathway Program will need to advocate on your behalf by speaking with relevant service providers and agencies. By signing below, you agree that GET and GDC staff delivering Barranggirra can exchange information to assist in providing you with the most appropriate support.

LEARNERS 18 YEARS OF AGE AND OVER

Yes, I have read this Release of Information and understand its meaning.

Yes, I am 18 years of age.

Learners Name:

Learner Signature: _____ **Date:**

LEARNERS UNDER 18 YEARS OF AGE

Learners Name:

Learner Signature: _____ **Date:**

Parent/Guardian Name:

Parent/Guardian Signature: _____ **Date:**

Phone: **Email:**

OFFICE USE ONLY

Registration accepted: No Yes Date of Registration:

Entered on Winangay: No Yes Date Entered:

Entered by whom: