

BARRANGIRRA

MENTORING AND POST TRAINING PATHWAY PROGRAM

Learner Registration Referral Form

INSTRUCTIONS

This form has already been filled in for you by your mentor over the phone. Please read through this form to make sure all the information is correct. If there are errors, please contact your mentor. If the form is correct, please scroll to the last page and sign the form by clicking on the "signature" area and entering your name. If you are under 18 years of age, a parent or guardian will need to sign this form for you.

Once this form is signed, "Save" the PDF and send it back to Kelli Allan via email at kelli.allan@gomeroieducation.com



This initiative is delivered on behalf of TSNSW, funded by the NSW Government.

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 Prefer not to say

if Yes, please specify diagnosis:

EMPLOYER DETAILS

Business Name:

Business Address:

Employer or supervisor's Name:

Phone: Email:

Industry: (e.g. Mechanic)

Type of Training: Apprenticeship Traineeship School-Based Apprenticeship
School-Based Traineeship Other Training

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	Prefer not to say
Your writing skills:	Very Good	Good	Not Good	Not at All	Prefer not to say
Your computer skills:	Very Good	Good	Not Good	Not at All	Prefer not to say

Do you have transport issues?
No Yes Prefer not to say Comment:

Do you have accommodation issues?
No Yes Prefer not to say Comment:

Are you experiencing financial issues/hardship?
No Yes Prefer not to say Comment:

Are you experiencing ill health?
No Yes Prefer not to say Comment:

Do you require mental health support?
No Yes Prefer not to say Comment:

Do you require other additional supports?
No Yes Prefer not to say Comment:

Is there anything else you would like to share?
No Yes Prefer not to say Comment:

PARTNERSHIP AGREEMENT

Gomeroi Education and Training (GET) and Gomeroi 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 Name:

Learner Signature: **Date:**

(To be signed by the Learner in person upon first face-to-face visit)

Parent/Guardian Name:

Phone: **Email:**

Parent/Guardian Signature: **Date:**

Yes, we (Learner/Parent/Guardian) have read the Release of Information and understand its meaning. I consent for my Learner's images to be used by Gomeroi Education and Training and The Gomeroi Dance Company for marketing and promotional purposes: No Yes

OFFICE USE ONLY

Training Adviser Name: **Phone:**

Registration accepted: No Yes **Date of Registration:**

Validate Learner TC ID: **ACC:**

Entered on Winangay: No Yes **Date Entered:**

Entered by whom:

Attending School: No Yes **Emailed to Training Services Manager, TSNSW:** No Yes