

# World of Work: Health and Community Services Program Registration Form



**Skilling**  
THE BAY

## Registrant Details

<b>Surname:</b>			
<b>Given Name(s):</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Mobile:</b>		<b>Landline:</b>	
<b>Email:</b>			
<b>School:</b>		<b>Year Level:</b>	
<b>Are you an Aboriginal or Torres Strait Islander?</b>	Yes	No	
<b>Do you have a disability or medical condition that we need to be aware of in order to maximise your health and wellbeing during the program?</b>	Yes	No	
<b>If YES, please give details:</b>			
<b>Does your family speak a language other than English at home?</b>	Yes	No	
<b>If YES, which language?</b>			
If I am successful in gaining a place in the <i>World of Work Health and Community Services Program</i> , I will participate to the best of my ability in all the organised activities.			
<b>Signature of Student:</b>		<b>Date:</b>	

## Parent/Guardian Details

I support my daughter/son's application to be part of the *World of Work Health and Community Services Program*. I am aware that they will be participating in fully supervised day long events away from their home school.

<b>Name of Parent/Guardian:</b>			
<b>Mobile Number:</b>			
<b>Email:</b>			
<b>Signature of Parent/Guardian:</b>		<b>Date:</b>	

## School Endorsement

I support this application for the above student to be part of the *World of Work Health & Community Services Program*.

<b>Name of Teacher:</b>			
<b>Position within the school:</b>			
<b>Email:</b>			
<b>Signature of Teacher:</b>		<b>Date:</b>	

# World of Work: Health and Community Services Program Registration Form



Please respond to the following 4 questions. Include another page if you require more space.

## 1. Why have you applied for the World of Work Health and Community Services Program?

Eg. Being a part of this program would help me understand the different jobs and career choices in the areas of Health and Community Services. I am interested in studying Health and Human Development, Biology, VET Allied Health, VET Community Services.

## 2. What are your current career goals – what do you hope to do in the future?

## 3. What part of the World of Work Health and Community Services Program appeals to you most and why?

## 4. Name three occupations that interest you in the Health and Community Services Industry

Examples:  
**Health** - General Practitioner, Enrolled Nurse, Physiotherapist, Occupational Therapist, Dentist, Surgeon, Speech Therapist, Optometrist, Paramedic  
**Community Services**- Youth Worker, Mental Health Worker, Support Worker, Social Worker, Counsellor, Aged Care Worker, Pharmacy assistant, Hospital Orderly

1	
2	
3	

**Thank you for answering the above questions.**

Please make sure you gain all the necessary signatures for this application before submitting it.  
You or your school must email your application to GRLLEN by Thursday 7<sup>th</sup> April, 2022.

Leesa Hanlon: GRLLEN [ghanlon@grllen.com.au](mailto:ghanlon@grllen.com.au)

**Privacy Statement** - Geelong Region Local Learning & Employment Network (GRLLEN) provide students with an opportunity to participate in the *World of Work: Health and Community Services program*. The information supplied in this application will be made available to all partners, your school and GRLLEN for the purposes of application, selection and tracking for the *World of Work: Health and Community Services program*. By signing this application you consent to the information contained in this application being provided to the above mentioned organisations for the purposes stated.