



Secondary Student 2009

ASBA EXPRESSION OF INTEREST FORM

1: PERSONAL DETAILS (Please print clearly using block letters)

Surname _____ Given Name _____

Home Address _____

Suburb _____ Post Code _____

Telephone _____ Mobile _____

Date of Birth _____ / _____ / _____ Male () Female ()

Do you speak another language other than English? YES () NO ()

If so please Specify _____

Are you an ESL student? YES () NO () Are you an Aboriginal? YES () NO ()

Do you have any physical disabilities YES () NO ()

If so please specify: _____

2: SCHOOL DETAILS

Current School _____

School Contact Person _____

School Contact Persons Email _____

Year level in 2009 _____ VCE or VCAL student _____

2009 Employment /TAFE Training Release Days _____

3: INDUSTRY AREA

Please indicate in order of preference your preferred school based apprenticeship / industry area:

1: _____

2: _____

3: _____

4: EMPLOYER LEADS / CONTACTS

Please indicate in order of preference your personally contacted Employers for SSGT to approach

1: Business Name _____

Key Contact Person _____

Best Daytime Contact Number _____

Comments relating to Employer feedback (if any):

2: Business Name _____

Key Contact Person _____

Best Daytime Contact Number _____

Comments relating to Employer feedback (if any):

3: Business Name _____

Key Contact Person _____

Best Daytime Contact Number _____

Comments relating to Employer feedback (if any):

Have you had work experience or do you work casually in your preferred industry area? YES () NO ()

If Yes, please give us some more details about your experience (e.g. when, how long and is the employer listed above?)
