



## Indigenous Youth Mobility Programme Participant Application Form

### Participant Details

|   |      |        |
|---|------|--------|
| Family Name:  |      |        |
| Given Name:   |      |        |
| IYMP Participants<br>Home Address:<br><br>Telephone Number:<br><br>Mobile Number:<br><br>Email: |      |        |
| Parents Home<br>Address:<br><br>Telephone Number:<br><br>Mobile Number:<br><br>Email:           |      |        |
| Date of Birth:  |      |        |
| Gender:   | Male | Female |
| Are you of Aboriginal and/or Torres Strait Islander descent?                                    | Yes  | No     |
| Are you registered with Centrelink?<br>If yes, name of benefit/allowance:                       | Yes  | No     |
| Are you registered with a Job Network?<br>If yes, name of Job Network                           | Yes  | No     |
| Do you have a current drivers licence?  | Yes  | No     |
| Do you have a disability that affects your ability to work/study?                               | Yes  | No     |

### Education

| Year of schooling completed:   |             |                    |                          |
|--|-------------|--------------------|--------------------------|
| Yr8  | Yr9         | Yr10               | Yr11 Yr12                |
| In what year did you complete school:<br>Name of this school:  |             |                    |                          |
| Have you completed further education? (TAFE, Tertiary, Training Courses etc)? Yes or No If yes, please give details below:                     |             |                    |                          |
| Name of Course   | Institution | Year Completed     | Subject or Qualification |
|  |             |                    |                          |
|  |             |                    |                          |
|  |             |                    |                          |
| Have you started but not completed any further education? (TAFE, Tertiary, Training Courses etc)? Yes or No If yes, please give details below: |             |                    |                          |
| Name of Course   | Institution | Year Stopped Going | Subject or Qualification |
|  |             |                    |                          |
|  |             |                    |                          |
|  |             |                    |                          |

Note: If you have copies of any completed further education/training, please attach a copy to your application.

### CAREER

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| Which area of study or training are you interested in?   |                                      |   |  |
| UNI <input type="checkbox"/>   | Traineeship <input type="checkbox"/> | Apprenticeship <input type="checkbox"/> | TAFE <input type="checkbox"/> Cadetship <input type="checkbox"/> |
| What sort of career do you think you are interested in?<br>Please number 1, 2 & 3 in your preference order |                                      |   |  |
| Administration <input type="checkbox"/>  | Agriculture <input type="checkbox"/> | Art & Craft                             |  |
| Business <input type="checkbox"/>  | Child Care <input type="checkbox"/>  | Community Services                      |  |
| Build & Const <input type="checkbox"/>   | Education <input type="checkbox"/>   | Forestry & Logging                      |  |
| Hospitality <input type="checkbox"/>   | Mining <input type="checkbox"/>      | Management                              |  |
| Medical/Health <input type="checkbox"/>  | Mechanical <input type="checkbox"/>  | Manufacturing                           |  |

### Employment History

|                                      |     |    |
|--------------------------------------|-----|----|
| Do you have a resume?                | Yes | No |
| Last Job (eg. working in an office): |     |    |
| Employers Name and Address:          |     |    |
| Position Held (eg. Receptionist):    |     |    |
| Period of employment:                |     |    |
| Duties:                              |     |    |

### Referees

Please provide contact details for two referees (eg. previous employer, CDEP Manager, training lecturer, teacher etc.).

|               |         |        |
|---------------|---------|--------|
| Name:         |         |        |
| Position:     |         |        |
| Organisation: |         |        |
| Phone:        | Mobile: | Email: |

|               |         |        |
|---------------|---------|--------|
| Name:         |         |        |
| Position:     |         |        |
| Organisation: |         |        |
| Phone:        | Mobile: | Email: |

**Third Party Referee (To be sourced independently by Nyaarla Staff)**

|  |         |        |
|--|---------|--------|
| Name:  |         |        |
| Position:  |         |        |
| Organisation or Relationship to IYMP Applicant:  |         |        |
| Phone:   | Mobile: | Email: |
| Source of Third Party Referee details and that persons relationship to Nyaarla staff member and/or IYMP applicant: |         |        |
| Date Contacted: _____<br>Comments:   |         |        |

|  |
|--|
| <b>Nyaarla Staff Member/s completing referee check</b> |
| Name/s: _____  |
| Referee check completed on: _____                      |

|  |
|--|
| <b>Participant Declaration</b>   |
| I certify that:  |
| <ul style="list-style-type: none"><li>▪ The information I have provided in this application is true and correct</li><li>▪ I normally reside in a remote location (as per the attached map)</li><li>▪ I am willing to relocate to Perth to participate in the Indigenous Youth Mobility Programme</li><li>▪ I am voluntarily participating in this Indigenous Youth Mobility Programme</li></ul>  |
| I hereby authorise Nyaarla Projects to keep the information and documents provided by me on its registers of information and to make the information and documents available (either electronically or manually) to prospective employers, training organisations or educational institutions. I authorise Nyaarla Projects to make all such enquiries (including but not limited to referees and previous training/education providers) as it considers necessary to perform tasks, including to verify the completeness or accuracy of the information provided. |

I consent to undergo a standard police check and authorise Nyaarla Projects to obtain information relating to probation and parole as required.

I hereby authorise Nyaarla Projects to use and disclose the information provided for the purposes of finding me employment, training or further education.

I have provided my information to Nyaarla Projects for the explicit purpose of applying for and canvassing job, training or further education opportunities as part of IYMP on my behalf.

I hereby authorise Nyaarla Projects to make all such enquiries (including but not limited to parents/guardians, employers, training providers, educational institutions and Aboriginal Hostels Limited) as it considers necessary to provide mentoring and support services to me as an IYMP participant.

I hereby authorise Nyaarla Projects to provide relevant information (including but not limited to parents/guardians, employers, training providers, educational institutions and Aboriginal Hostels Limited) as it considers necessary in its role of providing mentoring and support services to me as an IYMP participant.

I acknowledge that the information provided by me to Nyaarla Projects is accurate and not misleading. I acknowledge that I have read and understood the matters set out above and that a Nyaarla Projects representative has provided me the opportunity to discuss any questions or concerns that I may have in relation to these matters.

Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Privacy Notice**

Nyaarla Projects is bound to comply with the Information Privacy Principles (IPPs) under the *Privacy Act 1988* which prescribe the rules for handling personal information.

Information on this form is collected in order to administer the Indigenous Youth Mobility Program. The information collected may be provided to, but not limited to the following organisations, the Australian Government Department of Education, Science and Training, Western Australian State Training Bodies, prospective employers, training organisations or educational institutions. In other instances information collected may be disclosed without consent where authorised or required by law.

I have the privacy provisions contained in this application form and I consent to my personal information being used and disclosed by Nyaarla Projects its contractors and agents, in accordance with the participant declaration and privacy provisions contained in this application form.

I understand that Nyaarla Projects, its contractors and agents, will not otherwise disclose my personal information unless required or authorised by law.

I acknowledge that the information provided by me to Nyaarla Projects is accurate and not misleading. I acknowledge that I have read and understood the matters set out above and that a Nyaarla Projects representative has provided me the opportunity to discuss any questions or concerns that I may have in relation to these matters.

|                  |                       |       |
|------------------|-----------------------|-------|
| _____            | _____                 | _____ |
| Participant Name | Participant Signature | Date  |

I \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ (IYMP applicant), support him / her as needing  
to relocate to Perth in order to access employment, education and/or training  
and will support Nyaarla  
Projects as the IYMP provider during the duration  
that \_\_\_\_\_ (IYMP applicant) is participating in the IYMP  
programme.

|                        |                                     |       |
|------------------------|-------------------------------------|-------|
| _____                  | _____                               | _____ |
| Parent / Guardian Name | Participant / Guardian<br>Signature | Date  |