



Expression of Interest Form Direct Referral



Date Received: _____ (Admin Only)

About you

First Name: _____ Last Name _____

Have you been known by any other name? _____

Date of Birth _____ Age _____ Gender _____

Residential Suburb _____ Contact Number: _____

Do you identify as Aboriginal Torres Strait Islander Both Neither

Education and training

Last school you were enrolled at? _____ Completed Year Level: ____ Month/Year completed: ____

If under 17, do you have an EXEMPTION FROM SCHOOLING? Yes No

Are you UNENROLLED for school? Yes No

Have you completed a Certificate 3 or higher? No Yes, please state when? _____

Work experience and other payments

Have you ever worked? No Yes, approx. total hours worked in past 4 weeks? _____

Are you currently working? No Yes Full time Part time Casual

Have you ever applied for DHS (Centrelink) payments? No Yes

Are you currently receiving DHS (Centrelink) payments? No Yes

If Yes, what service are linked with? _____ Centrelink Reference number (CRN) _____

Referrer details

Name of Referrer _____ Contact Number _____

Relationship to Young Person _____

Parent / Guardian details

Parent Guardian Full Name _____

Contact Number _____ Email _____

Street Address: _____ Suburb _____ Postcode _____

Postal Address: _____ Suburb _____ Postcode _____

Where have you heard about YouthWorX NT? (can tick more than one)

Word of mouth Social Media Website Career Expo Radio

Other _____