It's about you. Always!
Communities@Work

Expression of Interest

Name of Young Person : _____ Age : _____

Parent/Guardian Name : _____

Phone (B/H) : _____ Email : _____

Home Address: _____

_____

_____

_____

How do you wish to receive information? ☐ Post ☐ Email

Eligibility Criteria:

- ☐ Aged 12 to 21 years
- ☐ Attending School
- ☐ Living in Southern Canberra

Brief description of young person's disability/ies:

_____

_____

_____

What program/s are you interested in accessing?

- ☐ After school
- ☐ School Holidays

Office Use Only

Orientation 1 / /20

Orientation 2 / /20

Entered onto Waiting List / /20

Staff name: Signature: