



EXPRESSION OF INTEREST TO ENROL AT NETSCHOOL

CONFIDENTIALITY

All information recorded in this document is solely for the use of the NETschool Facilitator to manage the intake of youth into the NETschool program. Upon receipt of this application, the Facilitator will contact the applicant and his or her carer to arrange a meeting at NETschool. The purpose of this meeting is to determine the suitability of the candidate for NETschool and further discuss her or his application.

Please use CAPITAL letters when filling in SECTIONS 1, 2, 3 & 4.

SECTION 1: Applicant's Details

Date of referral:

D	D	M	M	Y	Y	Y	Y
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Given Name:																														
Family Name:																														
Gender:	M	F	Date of birth:	D	D	M	M	Y	Y	Y	Y	Age today:				Years and...				Months										

Address:																														
Suburb:																					Post code:									
Land line											Mobile																			

School last enrolled at:																														
Last Year Level completed:	Y	Y	Y	Y	Number of months since last attended school full time:																									

SECTION 2: Carer Details

First Name:																														
Surname:																														
Land line											Mobile																			
Email:																														
Relationship to Learner:																														

SECTION 3: Referee

Name of Referee:																														
Organisation:																														
Position:																														
Email:																														
Discussion with NETschool	Y	N	Student and Carer aware of referral	Y	N																									

Risk factors contributing to the student's disengagement from School:

- Mental Health
 Physical Health
 Family/Housing
 Substance Abuse
 Pregnancy
 Indigenous
 Learning
 Relationships with...
 School/teachers, or
 Peers

Reason for referral:

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