

EXPRESSION OF INTEREST

FORM

Referring Agency Details:

Agency Name:	Date:
Contact Person:	Phone Number:
Address:	Email:

Participant Details:

Surname:	First Name:
Date of Birth:	Gender:
Address:	
Phone Number:	Email:
Guardian/Next of Kin Name*:	Guardian Contact Details*:

*If relevant

Please tick below preferences of Attendance (if known)**:

**pending availability & eligibility	Monday	Tuesday	Wednesday	Thursday	Friday
Employment					
Training & Lifestyle					

Please email to aware.manager@awcc.edu.au or 13 Kane Road, Wodonga Vic 3690