

Expression of Interest

Are you interested in the ☐ **Light Vehicle** or ☐ **Heavy Vehicle** AccelR8 program (please tick)?

Note: There are limited places for the AccelR8 program. Therefore the decision to accept you into this program will be, in part, based on your considered responses to the following questions.

First Name				Last Name			
Preferred name for your qualification certification							
Date of Birth						<input type="checkbox"/> Female	<input type="checkbox"/> Male
School				LUI: (if known)			Year Level

Female Shirt Size	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 20	<input type="checkbox"/> 22
Male Shirt Size	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXXXL	<input type="checkbox"/> XXXXXL	

Personal Email			
School Email			
Home Phone		Mobile	
Address			
Parent/Guardian or Carer Name		Mobile	
Parent/Guardian or Carer Email Details	<i>These contact details will be used to communicate with your parent/guardian about upcoming program dates and information</i>		
Do you identify as being: (Please tick)	from a non-English speaking background <input type="checkbox"/>	Aboriginal and/or Torres Strait Islander <input type="checkbox"/>	
	a student with disability or impairment <input type="checkbox"/>	do not wish to disclose <input type="checkbox"/>	
	Do you have permanent residency in Australia? Yes / No	Are you a New Zealand Citizen? Yes / No	

I attended the AccelR8 Business information night (please circle the applicable response)	Yes / No
Are you currently enrolled in a qualification at school?	Yes / No
If yes, which Registered Training Organisation (RTO) do you attend and what is the name of the qualification?	
Have you previously completed a qualification/s at school? (please circle the applicable response)	Yes / No
If yes, specify the RTO that provided the services and the name of the qualification.	

If accepted into the AccelR8 program, I understand: (please circle)	
The AccelR8 program is an employer hosted opportunity in which I will develop skills required for me to transition from school to work and therefore, I will not receive a wage	Yes / No
My working hours will be based on my host's business hours (not school hours)	Yes / No
I commit to completing the Program's 20 days of Structured Workplace Learning including completing the Skills Portfolio	Yes / No
I will participate fully to complete the industry qualification including attending all training and assessment sessions	Yes / No
I commit to completing my Queensland Certificate of Education	Yes / No
I need to equip myself with the following personal protective equipment (PPE) - Steel cap safety boots - Cotton drill workwear (to be discussed with employer)	Yes / No

Have you obtained your Learners Permit?	Yes / No
If not, when are you looking to obtain it?	
If you have acquired your Learners Permit how many driving hours have you completed?	
How many days of school have you missed this year as recorded on your report card?	
If high unattendance, what were the reasons?	
Do you have any other commitments outside of school (Monday – Friday) e.g. sports, music lessons etc.? Please specify:	
Do you have a part time job? If yes, where and when did you start?	
I want to be a part of the AccelR8 program because (finish this statement) –	
Please list your experience with cars (tinkering on cars, work experience, part-time work):	
My three (3) preferred host business locations are (suburbs) –	
1. Suburb: Reason/s:	
2. Suburb: Reason/s:	
3. Suburb: Reason/s:	
How I will get to and from the above locations (e.g. walk, bus, parent, drive, train):	
Parent/Guardian/Carer signature:	
Participating in the AccelR8 program will enhance my transition from school to work by (finish this statement) –	
The following are potential risks to my successful completion of the AccelR8 program. I will manage those risks by –	
Risks:	
How I will manage risks:	

Please return this completed EOI to your school co-ordinator together with a completed Project Consent Form within one (1) week.

In signing this form, I understand this information will be forwarded to AccelR8 host workplaces.

Student signature: _____ / ____ / ____

If is accepted into this program, I/we accept to pay for the PPE as required by the host workplace.

Parent/Guardian/Carer signature: _____ / ____ / ____

