

STUDENT EXPRESSION OF INTEREST

School:

Student Details:

First Name:

Surname:

DOB:

Age:

Year Level:

Address:

Mobile:

Email

PARENT / GUARDIAN DETAILS:

Parent/ Guardian 1:

First Name:

Surname:

Address

Mobile:

Email:

PARENT / GUARDIAN DETAILS:

Parent/ Guardian 2:

First Name:

Surname:

Address:

Mobile:

Email:

HEAD START OFFICE

Building 508 - 511
C/O East Doncaster Secondary College
20 George Street Doncaster East VIC 3109
T 03 9842 2244 E Liselle.Pote@education.vic.gov.au

STUDENT EXPRESSION OF INTEREST

Current subjects:	
Vet subject:	
Part time work:	
Previous work experience:	
Reason for joining Head Start	
Why chosen industry:	

What are your strengths?

What are your weaknesses?

Are you involved in any Sporting Teams or Clubs? If yes, please list them:

Do you have a resume?

YES ☐ NO ☐

PLEASE TICK RELEVANT BOXES:

Scored VCE	Unscored VCE	VCAL	Learners	License
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