Head Start referral form

This referral form does not guarantee a traineeship or apprenticeship.

SECTION 1 – STUDENT INFORMATION	
Student full name	
Date of birth	
Student email	
Language spoken at home	
School	
Current year level	
Current study program	

SECTION 2 – WORK / INDUSTRY INFORMATION STUDENT TO COMPELTE

Have you undertaken any of the following? (select all that apply)

☐ Structured Workplace Learning ☐ School-Based Apprenticeship or Traineeship ☐ Work Experience

☐ Part time/casual employment ☐ Volunteer work

Have you undertaken any VET programs?	If yes, provide details below:

Do you hold any of the listed licenses or certificates? (select all that apply):

☐ First Aid ☐ Food Handling ☐ White Card (construction card) ☐ Safe at Work Drivers Licence: ☐ L ☐ P

What industries are you interested in?	
Do you have an employer that is willing to commence you as a SBAT?	If yes, please specify below:

SECTION 3 – PARENT/ CARER INFORMATION AND APPROVAL	
Parent/Carer name:	
Parent/Carer phone:	
Parent/ Carer email:	
Is an interpreter required?	

I understand, that as part of the Head Start program, students will undertake a Language, Literacy and Numeracy Assessment. Information will be collected by Head Start including the VASS report, Morrisby and other relevant information from the school to support students to undertake a SBAT.

The details captured in this form, student resume and other relevant information will be shared with employers and the Apprentice Connect Australian Provider, when the time comes to support the student to have a safe workplace.

For more details speak with your Head Start coordinator.

Parent/Carer signature:	
Date Signed:	

All information will be handled in accordance with the Department of Education privacy policy and relevant privacy laws.
For more information, see www.vic.gov.au/department-of-education-privacy-policy.