

Please return by fax (07) 3245 1788 or email [training@horizoninc.org](mailto:training@horizoninc.org)

Date:					
Name:					
Phone (H):					
Phone(M):					
Email:					
Address:					
Date of birth:					
What is your citizenship status? (Australian, New Zealander, permanent resident, visa holder)					
If not an Australian how long have you lived in Australia?					
How can we assist you? (What program are you interested in?)					
Have you ever completed a free training or employment program?				Yes	No
If you answered yes: Name of program:					
Name of organisation:					
Year of completion:					
Are you currently with a Job Services Australia Provider?				Yes	No
If yes, who is the provider:					
Are you currently with a Disability Services Provider?				Yes	No
If yes, who is the provider:					
Are you currently unemployed?				Yes	No
If yes, how long have you been unemployed?		Less than 12 months	More than 12 months	Less than 24 months	More than 24 months
Please circle what stream you are if known.		Stream 1	Stream 2	Stream 3	Stream 4
If no, do you work less than 25 hours a week?				Yes	No
Are you a parent returning to the workforce?				Yes	No
Is anyone in your household currently employed?				Yes	No
Have you completed grade 10?				Yes	No
Have you ever completed a Certificate II or higher course?				Yes	No
If yes, name of course?					
Are you at risk of losing your housing or accommodation?				Yes	No



## EXPRESSION OF INTEREST

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Office use only

HST Officer signature:			
Date of referral:			
Referral from:			
Reason for referral? General Comments.			
Orientation/confirmation letter sent:	Yes	No	Date:    /    /