



Activity Expression of Interest

Activity I want to do

- Fishin' Mates Self Defence Both

Applicant Details

Given Name _____ Surname _____

Date of Birth ____ / ____ / _____ Gender Identity: _____

Suburb you live: _____ Suburb you learn/work: _____

Mobile _____ Consent for SMS Reminders: Yes No

Email _____

Do you identify as: Aboriginal Torres Strait Islander

CALD (citizen or resident of Australia and born overseas from non-English speaking background)

In case of emergency

Who do we contact if there is an emergency? Name: _____

Relationship to you: _____ Ph: _____

About You!

Are you currently engaged in... (please tick all that apply)

- High School University Vocational Training Paid Work
 headspace Youturn Other (please specify) _____

If you want, tell us why you're interested in this activity (optional):

Please email your completed form to community@youturn.org.au