

# BARRANGGIRRA

## MENTORING AND POST TRAINING PATHWAY PROGRAM

### Learner Registration Referral Form

#### INSTRUCTIONS

This form has already been filled in for you by your mentor over the phone. Please read through this form to make sure all the information is correct. If there are errors, please contact your mentor. If the form is correct, please scroll to the last page and sign the form by clicking on the "signature" area and entering your name. If you are under 18 years of age, a parent or guardian will need to sign this form for you.

Once this form is signed, "Save" the PDF and send it back to Kelli Allan via email at [kelli.allan@gomeroieducation.com](mailto:kelli.allan@gomeroieducation.com)



This initiative is delivered on behalf of TSNSW, funded by the NSW Government.

#### LEARNER INFORMATION

Name:  DOB:  Gender:

Address:

Phone:  Email:

Preferred Method of Contact: Phone Email SMS Zoom Teams FaceTime

Other (please specify):

Are you Aboriginal or Torres Strait Islander? No Aboriginal Torres Strait Islander

Do you have an identified Disability? No Yes Prefer not to say

if Yes, please specify diagnosis:

#### EMPLOYER DETAILS

Business Name:

Business Address:

Employer or supervisor's Name:

Phone:  Email:

Industry:  (e.g. Mechanic)

Type of Training: Apprenticeship Traineeship School-Based Apprenticeship  
School-Based Traineeship Other Training

Commencement of Apprenticeship/Traineeship/Other Training:

Start Date  Completion Date

## COURSE INFORMATION

**Training provider:**  (e.g. TAFE, community college)

**Course Name:**   
(e.g. Certificate II In Automotive Servicing Technology)

**Course Number:**  **Stage:**  (e.g. 1st Yr Apprentice)

**Course Start Date:**  **Course Completion Date:**

**Trainer/Teacher's Name:**

**School Details:**   
(for learner's completing school-based traineeships)

## AREAS FOR SUPPORT

**Referring Person:** Self    Parent/Guardian    Employer/Supervisor    Training Advisor

Other (please specify):

**Do you require learning support?**

No    Yes    Comment:

**Are you completing/submitting course work on time?**

No    Yes

**How confident are you with regards to:**

Your reading skills:	Very Good	Good	Not Good	Not at All	Prefer not to say
Your writing skills:	Very Good	Good	Not Good	Not at All	Prefer not to say
Your computer skills:	Very Good	Good	Not Good	Not at All	Prefer not to say

**Do you have transport issues?**

No    Yes    Prefer not to say    Comment:

**Do you have accommodation issues?**

No    Yes    Prefer not to say    Comment:

**Are you experiencing financial issues/hardship?**

No    Yes    Prefer not to say    Comment:

**Are you experiencing ill health?**

No    Yes    Prefer not to say    Comment:

**Do you require mental health support?**

No    Yes    Prefer not to say    Comment:

**Do you require other additional supports?**

No    Yes    Prefer not to say    Comment:

**Is there anything else you would like to share?**

No    Yes    Prefer not to say    Comment:

## PARTNERSHIP AGREEMENT

Gomeri Education and Training (GET) and Gomeri Dance Company (GDC) work in partnership as registered providers of Barranggirra – Aboriginal skilling for Employment Initiative. GET and GDC will be delivering the Barranggirra - Mentoring and Post Training Pathway Program on behalf of Training Services NSW (TSNSW) in the New England Region.

### DISCLAIMER – RELEASE OF INFORMATION

By signing below, you are accepting registration to the Barranggirra Program.

At times Barranggirra – Mentoring and Post Training Pathway Program will need to advocate on your behalf by speaking with relevant service providers and agencies. By signing below, you agree that GET and GDC staff delivering Barranggirra can exchange information to assist in providing you with the most appropriate support.

**Learners Name:**

**Learner Signature:**  **Date:**

*(To be signed by the Learner in person upon first face-to-face visit)*

**Parent/Guardian Name:**

**Phone:**  **Email:**

**Parent/Guardian Signature:**  **Date:**

**Yes, we (Learner/Parent/Guardian) have read the Release of Information and understand its meaning.**

**I consent for my Learner's images to be used by Gomeri Education and Training and The Gomeri Dance Company for marketing and promotional purposes:** No Yes

## OFFICE USE ONLY

**Training Adviser Name:**  **Phone:**

**Registration accepted:** No Yes **Date of Registration:**

**Validate Learner TC ID:**  **ACC:**

**Entered on Winangay:** No Yes **Date Entered:**

**Entered by whom:**

**Attending School:** No Yes **Emailed to Training Services Manager, TSNSW:** No Yes