STUDENT REFERRAL

OCHRE OPPORTUNITY H

FORM

	STUDENT INFORMA	ATION			
Full Name					
Gender	M F Other:	D.O.B: Day/month/year	D.O.B: Dav/month/year		
Phone		Do you identify as:			
Email		□ Aboriginal			
Address		Torres Strait Islander			
		Neither			
Driver Licence?	N/A – L's – P's – Full – Motorbike	Preferred Contact			
			🗆 Email		
Disability or Health	Details:				
lssues					
Parent/Carer Name		Relationship to Student			
Email		Phone			
CURRENT OPPORTUN			<u> </u>		
(If you do not current	ly have one, is there someone you might like?)				
	SCHOOL INFORMA	TION			
School					
School Year / Grade	Date commenced at current school?				
	CURRENT EMPLOYMENT INFORMA	TION (IF APPLICABLE)			
Employer		Start Date			
Employment type	🗆 Full Time	School-based	🗆 Yes		
r - 7 7	Part Time	traineeship?	🗆 No		
	Casual				
Supervisor's Name		Phone			
Address					
	VOLUNTEER INFORM	IATION			
Organisation Name		Start Date			
Contact Name		Phone			
What was your Role?		Туре	Full Time		
······			Part Time		
			Casual		
	WHAT WOULD YOU LIKE TO ACHIEVE WI	TH THE OPPORTUNITY HUB			
	(e.g employment, traineeship/ apprenticesl	nip, cultural opportunities etc)			



TAMWORTH

OCHRE OPPORTUNITY HUB

PRIVACY NOTICE

Opportunity Hubs is a key initiative under OCHRE: the NSW Government plan for Aboriginal affairs and is administered by the New South Wales Department of Education and Communities (NSW DEC). Opportunity Hubs' aim to provide Aboriginal young people with the confidence and knowledge to follow a supported pathway between secondary school and further education and/or employment.

Personal information provided on this form:

- A- is collected and used for the purposes of assisting Opportunity Hub providers to deliver appropriate services to young people and assists NSW DEC manage and monitor the programme. Limited personal information that is stored in NSW DEC's information management system may be shared for the purpose of registering young people in the program and preparing statistics for program evaluation and reporting.
- **B** may be shared with third parties in the following circumstances:
 - When obtaining information from your school to support your referral and participation in the program.
 - When referring you to relevant educational/training providers and employers.
 - When referring you to relevant specialist support provider such as counselling services, medical and/or mental health services.
- C- may be disclosed to third parties for the purposes of managing and monitoring Opportunity Hub services. These third parties include:
 - NSW DEC
 - Your school, including Principal, Career and Transitions, Welfare, and other relevant staff
- D- may be otherwise disclosed without consent were authorised under or required by law.
- E- If requested by your parents or guardians, Opportunity Hub Tamworth may give your parents updates regarding your participation in the Opportunity Hub Program however, this request would be discussed with you before your information is disclosed.

Declaration: I declare that the information I have provided on this form is complete and correct.

- I have read/had explained to me the privacy provisions contained in this form
- I consent to my personal information being used and disclosed by Opportunity Hub MTC Australia and their contractors and agents, in accordance with the privacy provisions contained in this form.

Signature of Participant

Date:	/	/	
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MEDIA CONSENT

Media Release: The Tamworth Local Aboriginal Land Council (TLALC) and Opportunity Hub Tamworth publicise our programs and services for the purpose of reporting to our funding bodies and to generally raise the profile of the Tamworth LALC and Opportunity Hub. Achieving these purposes involves the production and distribution of promotional material through media.

I give permission for any images and/or recordings taken during interviews/activities to be used by Tamworth LALC and the Opportunity Hub Tamworth for promotional purposes.

Parent/Carer: __ Signature: ___

Date: ____ / ____ / _____

OFFICE USE ONLY

Checked By		Date	
Entered in Winangay		Date	



OCHRE OPPORTUNITY HUE

TAMWORTH

Do you have the following? (If applicable)	Assistance Required/Notes:
Email Address (appropriate)	
Up-to-date Resume (If no, see Appendix 2 – Resume Builder)	
USI Number	
Tax File Number	
Birth Certificate	
Drivers License	
Own bank account & key card	
Own Medicare card	
My Gov Account	
Working with Children Check	
First Aid Certificate	
Work Clothing/Professional clothing (interview)	

