



M2W Enrolment Form

Applicant Information

Full Name: _____ Date of Birth: ____/____/____
First Last dd / mm / yyyy

Address: _____
Street Address

Suburb State Post Code

Phone: _____ Email _____

Country of Birth: _____ Aboriginal or Torres Strait Island origin: Main language spoken at home: _____

Do you have one or more of the following impairments, conditions or disabilities (please select):

- Intellectual/Learning*
- Sensory / speech*
- Physical*
- Psychiatric*
- Difficulties with literacy*
- None*

Have received a New Start Allowance or Youth Allowance in the last 6 months? YES NO

Availability

Preferred way of communication: (Please select) Email Text Phone call

When are you available? (Please select) Monday Tuesday Wednesday Thursday Friday

Are you able to travel to meet with your Mentor who is volunteering to assist you for the 3 months of mentoring? YES NO Are you able to meet with a mentor 6 times for 1 to 1 1/2 hours during the 3-month program? YES NO

About your jobactive

Who is your jobactive provider? _____

Please advise your Employment Consultant or Brokers name: _____

Do you consent to M2W program contacting your Employment Consultant (EC) or Broker (EB)? YES NO

If yes, please advise of your EC or EB's email address: _____

Information that will help us match you with a suitable Mentor

Please rate your experience of seeking employment in the past:

(1= bad (not successful) 5= Good (Got to interview stage))

1

2

3

4

5

Main reason why you want to join the Mentoring 2 Work Program?

Would it help if we matched you with a mentor from a culturally diverse background if available?

YES

NO

If yes, please state cultural background preferred?

Would you prefer a male or female mentor?

Male

Female

Don't Mind

Please list your hobbies, special skills, or other interests:

Are there any specific learning/skills topics you would like your mentor to include into the Mentoring sessions?

Is there a job/career, training or further studies area that interests you?

Education

What is the highest level of education you have attained or currently undertaking? (please select one of the following):

Primary or secondary Schooling

Graduate Diploma/Certificate;

Bachelor's degree;

Certificate;

Diploma / Advanced Diploma Level;

Postgraduate Degree;

Other

Agreement, Disclaimer and Signature

I consent to participate in the Mentoring 2 Work evaluation surveys and focus groups conducted by the University of Western Australia: (This includes completing at least two (2) surveys (one at commencement and one on completion M2W))

YES

NO

I consent to my personal information to be stored on the Data Exchange for research purposes and understand that only staff from Mentoring 2 Work will have access to this information. (The privacy of my personal information is protected by law, including by the Commonwealth Privacy Act 1988. for more information on the Data Exchange and your privacy, click [here](#).)

YES

NO

I certify that my answers are true and complete to the best of my knowledge.

Signature:

(Alternatively, sign at first meeting with mentor)

Date:

 / /
dd / mm / yyyy

Please return completed form to: mentoring2work@cotawa.org.au