



## M2W Enrolment Form

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: DD / MM / YYYY  
*First Last*

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 <input type="checkbox"/> | Sensory / speech <input type="checkbox"/>           | Physical <input type="checkbox"/> |
| Psychiatric <input type="checkbox"/>           | Difficulties with literacy <input type="checkbox"/> | None <input type="checkbox"/>     |

### 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 Centrelink payment

Have received a Centrelink payment in the last 6 months? YES  NO

What is the name of the Centrelink payment you receive? \_\_\_\_\_

When did you start receiving your Centrelink payment? DD / MM / YYYY

If you are with jobactive, who is your provider: \_\_\_\_\_

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 name: \_\_\_\_\_

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)

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?

If yes, please state cultural background preferred? \_\_\_\_\_

Would you prefer a male or female mentor?

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

Are there any specific learning/skills topics you would like your mentor to include in 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 schooling

Secondary Schooling (Year 10)

Secondary Schooling (Year 12)

VET Certificate (TAFE)

Diploma / Advanced Diploma Level

Graduate Diploma/Certificate

Bachelor's degree

Postgraduate degree

Other

## How did you hear about the Mentoring 2 Work Program?

Jobactive Provider

COTA (WA)

Friend or family member

LinkedIn

Facebook

Instagram

Search engine (e.g. Google)

Other, please state: \_\_\_\_\_

## Agreement, Disclaimer and Signature

- I agree to participate in the Mentoring 2 Work evaluation. This includes completing surveys at the commencement of the mentoring program and on completion of participation, and, if invited, partake in focus groups conducted by the University of Western Australia. (More information on the program evaluation can be found on [www.cotawa.org.au/m2w](http://www.cotawa.org.au/m2w))
- 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) more information can be found on the DSS website, a link can be found on the Mentoring 2 Work webpage.
- By submitting this enrolment form I certify that my answers are true and complete to the best of my knowledge and I agree to meet face-to-face with my mentor six (6) times for 1-1.5 hours over the first 3 months.

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

Signature: \_\_\_\_\_

Date: DD/ MM/ YYYY

(Alternatively, please sign at first meeting with mentor)

**Please note: Applicants must meet specific criteria to be eligible for this program.**

Please return completed form to: [m2w@cotawa.org.au](mailto:m2w@cotawa.org.au)