**WESTERN STUDENT CONNECTIONS**

**2023 WORKSHOP EXPRESSION OF INTEREST**

**EMAIL TO: reception@wsc.edu.au**

**Section 1 Course Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Course Name: | **Be Real Game Facilitator Workshop – South West Sydney** | | |
| 2. Date and Venue:  Please tick one | |  |  |  | | --- | --- | --- | | 🞏 | **Monday 06 March 2023** | Venue TBA | | | |
| 3. Participant Name: |  | | |
| 4. Current Workplace: |  | 5. NSW Institute of Teachers No |  |
| 6. Category: | 🞏 Careers Adviser 🞏 Work Studies/Work Education Teacher  🞏 Transition Adviser 🞏 Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Section 2 Personal Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7. Preferred Name: |  | | | |
| 8. Residential Address: |  | | | |
| Town: |  | | Postcode: |  |
| 9. Contact Details: | Phone: |  | Mobile: |  |
|  | Email: |  | | |
| 10. Gender: | 🞏 Male 🞏 Female | | | |

**Section 3 Other Information:**

|  |
| --- |
| 11. Are you of Aboriginal or Torres Strait Islander origin? 🞏 No  🞏 Yes, Aboriginal 🞏 Yes, Torres Strait Islander |
| 12. Do you consider yourself to have a disability, impairment, or long-term condition? 🞏 No 🞏 Yes |
| *If yes, mark any applicable box:* |
| 🞏 Vision 🞏 Hearing / Deaf 🞏 Physical 🞏 Intellectual 🞏 Medical Condition 🞏 Mental Illness  🞏 Acquired Brain Impairment 🞏 Learning 🞏 Other |
| 13. Do you require assistance because of this disability, impairment or long-term condition? 🞏 No 🞏 Yes |
| *If Yes, please contact Western Student Connections* |

**Section 4 Declaration:**

🞏 I understand that I need to bring a device (computer/laptop) with me that has wifi capability.

🞏 I understand that I will receive confirmation and an invitation to participate on receipt of this Application.

🞏 I will notify Western Student Connections of any circumstance which may pose a risk.

🞏 I will notify Western Student Connections if I am unable to attend.

🞏 Workshop cost is FREE per participant.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Morning Tea, Lunch & Afternoon Tea provided

**Dietary requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_