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| |  | | --- | | C:\Users\mdabbagh\Desktop\Muslim Care logo.jpgC:\Users\mdabbagh\Desktop\Leading Together Logo.jpg***“Leading Together”***  **Expression of interest application** | |

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| **Please tick appropriate** | | | |
| Title | Mr  Ms  Mrs  Miss  Other  | | |
| Name |  | | |
| Address |  | Suburb |  |
| State |  | Postcode |  |
| DOB |  | Country of birth |  |
| Postal address if different to residential |  | | |
| **Contact Details** | | | |
| Telephone |  | Mobile |  |
| Email |  | | |
| Are you of Aboriginal or Torres Strait Islander origin? Yes  No  | | | |
| Which of the following best describes you? | | | |
| Full time employee  Part time employee  Looking for work  Studying  Self-employed  | | | |
| Educational information |  | | |
| **Other** | | | |
| Have you participated, volunteered or are volunteering with any organisation? Please provide details |  | | |
| How did you hear about the Leading Together Program? | Nominated  Word of mouth   Social Media  Other  | | |
| What is the purpose of you participating in the program? | Personal growth  Community work   Skills  Empowerment   self-confidence  Influence   Other (expand)  | | |
| Would this program benefit your current work or studies, and if so how? | | | |
|  | | | |
| Describe why you are interested in this program. | | | |
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| Why does this program matter to you? | | | |
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| What are your strengths? What would you most like to learn? | | | |
|  | | | |
| What additional skills can you bring to this program and the participants? | | | |
|  | | | |
| What are the main issues that concern you in the community? | | | |
|  | | | |
| How do you measure success, what would you hope from the conclusion of the program? | | | |
|  | | | |
| Do you have a disability, impairment, allergies or any other condition? (If so please specify)  Yes  No  | | | |
|  | | | |
| **Employment information** | | | |
| Employer Name |  | Employer Number |  |
| Employer Address |  | | |
| Contact Person |  | Employer Email |  |
| Is your employer aware of your intention to commence this program Yes  No  | | | |
| Is language/communication assistance required? If yes Specify Yes  No  | | | |
| **Declaration/ consent** | | | |
| The information I have provided in this application is true and correct, I am willing to participate in the Leading Together Program, I hereby authorise Muslim Care to keep the information and documents provided on its register of information and to make the information and documents available (either electronically or manually) to parties involved in the Leading Together Program, I acknowledge that I have read and understood the matters set out above, terms and conditions, and that a Leading Together Project representative has provided me the opportunity to discuss any questions or concerns that I may have in relation of these matters.  I consent to the use of photographs taken during the program for media, social or general purposes related to the organisation. | | | |
| Name |  | | |
| Signature |  | Date |  |

**Upon completing of the expression of interest, please forward to** [**mc@muslimcare.org.au**](mailto:mc@muslimcare.org.au) **for the candidate evaluation and process to begin.**