

Application Form

Your deta	ails			
Name			Tick preferred	contact
Address			□ (mail)	
Phone				
Mobile				
Email				
Gender				
Age		Date of birth		
Your deta	ails continued			
Cultural b	ackground			
Date of ar	rival in Australia		☐ (tick if born	in Australia)
born?	ere your parents			
What lang speak?	juages do you			
Educatio				
Are you c studying?	-		☐ full time	☐ part time
Name of i	nstitution			
Name of o	course			
Other qua	lifications			
Country o	f last high ıdy		 	







Work details						
Are you currently					☐ full time	□ part time
working?						-
Name of com	pany					
	. ,					
Position held						
Other employment?						
' '						
		•				
What day/s a	and time/s	are you ava	ilable for	meetings?		
Day	Time avai	lable (e.g. (10:00am –	12:00pm)		
Monday		, ,		. ,		
Tuesday						
Wednesday						
Thursday						
Friday						
-						
Saturday						
Sunday						
What are yo	ur hobbies	and interes	sts?			
\A/la a4 = = -4 + 4		and all and a second	- 4 k	tabad!tl=0		
What sort of	mentor wo	oula you like	e to be ma	itchea with?		





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Why would you like to have a mentor? What would you like to get out of being mentored?
Please list anything else you would like us to know about you.
Trease list anything else you would like us to know about you.
How did you hear about She Can?







Thank you for taking the time to complete this form. Your application will be assessed and the Project Officer will be in contact with you.

There will be an orientation session for new mentees in She Can. We will notify you of this date once accepted.

Mentee S	ignature	Date	
	uardian Signature 16 years of age)	Date	
Parent/g	uardian details		
Name			
		Tick if same	as above
Address		Tick if same □	as above
Address		Tick if same □ □	as above
			as above

Please email, return or post this completed form to:

Project Officer Rowena Assaad **CORE Community Services** 1 McBurney Road Cabramatta NSW 2166

E: rassaad@corecs.org.au

If you have any questions please call us on (02) 9727 0477



