

CAREER GRIT

The Career Grit project supports young people in discovering and pursuing their employment goals.

Please tell us about yourself!

You can fill in this form at The Foundry, **46 Carrington Street, Adelaide**, or email **thefoundry@sync.net.au**. If you have any questions, please give The Career Grit team a call on **(08) 8405 8540**.

About you

First Name _____ Last Name _____

Preferred Name _____

Date of Birth _____

Preferred Pronouns _____

Contact Number _____

Email _____

Do you identify as Aboriginal or Torres Strait Islander? ☐ Yes ☐ No ☐ Both

Are you currently working or volunteering? ☐ Yes ☐ No

If yes, are you working/volunteering ☐ Full-time ☐ Part-time ☐ Casual _____ hours per week

What jobs, industries, careers, or employers are you most interested in?

Are you currently enrolled in any school, training, study, or education? ☐ Yes ☐ No

If yes, is your education ☐ Full-time ☐ Part-time ☐ Casual _____ hours per week

Name of the organisation _____

Name of course/qualification etc. _____

CAREER GRIT

Do you have any training, study or education path/s that you are interested in?

Do you have any food allergies or any food you cannot eat for religious/cultural reasons?

Are there any health issues (e.g., asthma, epilepsy, diabetes, etc.) we should be aware of?

Are drugs and/or alcohol having a negative impact on areas on your health or lifestyle?

Are you currently on any bail, intervention orders, or home detention? ☐ **Yes** ☐ **No**

If yes, please specify: _____

Please tell us of any mental health concerns, behaviours or triggers we should be aware of

How did you hear about us? _____

Can we contact you to let you know of relevant activities and events? ☐ **Yes** ☐ **No**

What is your preferred method of contact? ☐ **Mobile** ☐ **Email** ☐ **Both please**

CAREER GRIT

Supports

Do you currently access any other support organisations? ☐ Yes ☐ No

If yes, please specify: _____

Do you have an NDIS plan? ☐ Yes ☐ No

Do you have a current Mental Health Care Plan? ☐ Yes ☐ No

Name _____ Signature _____ Date _____

Emergency Contact / Next of Kin (must be over 18)

First Name _____ Last Name _____

Relationship to you _____ Contact Number _____

SYC collects personal or sensitive information about you in order to provide SYC's services. SYC may need to disclose your personal or sensitive information to other agencies in order to provide the services you have requested but will only disclose that information which is necessary to provide that service. By completing this form, you agree to SYC using or disclosing your information where necessary. You may also remain anonymous, however SYC may be unable to provide the services you are requesting if you do not provide us with your personal or sensitive information. All personal and sensitive information collected by SYC is protected under the Privacy Act (1988) and the Australian Privacy Principles. SYC may also use aggregate or de-identified personal data for the purposes of program evaluation activities. SYC will not disclose your personal or sensitive information without your consent. Refer to SYC's Privacy Policy for further information.

SYC follows the South Australian Government Information Sharing Guidelines for promoting safety and wellbeing (ISG) and other State government Information Sharing Guidelines. This means that SYC will work closely with other agencies to coordinate the best support for you and others. Under the ISG a person's informed consent for the sharing of information will be sought and respected in all situations unless:

1. disclosure is authorised or required by law, or
2. (a) it is unreasonable or impractical to seek consent; or consent has been refused; and
(b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.