

STUDENT DETAILS

EXPRESSION OF INTEREST

First name:	Last name:		
Student ID:	Email:		
	Program code:		
Date of birth:	Mobile Number:		
Have you confirmed wi elective course enrolm	ith your Program Director that your study plan allows for this 4.5-unit nent?	Yes	No
	do you intend on enrolling into the course arning Project (EDUC 4186)?	SP2	SP5
CLEARANCES AN	D TRAINING		
Do you currently hold	I any of the following clearances or training?		
Departn	ment for Human Services (DHS) – Working with Children Check	Yes	No
Department for Huma	an Services (DHS) — Working with Vulnerable People Clearance	Yes	No
	Responding to abuse and neglect (RAN) Training	Yes	No
	UniSA <u>Undertaking a Safe Placement</u> Training	Yes	No
	artment for Human Services (DHS) clearance checks and projects that involve working with min g. The student will be required to cover the cost of these clearances and training. UniSA will init tudent.		sponding
COMMUNITY PRO	OJECT PREFERENCES		
Please indicate your to https://study.unisa.edu.au/	op 3 project preferences below. You can view a list of the project here; <u>community</u>		
1.			
2.			
3.			
Please tell us why you volunteering or work e	have chosen these community projects, what your hobbies and interests experience you have?	are and an	ıy