



Expression of Interest Form

Applicant Details

Full Name: <i>(As written on birth certificate/identification)</i>		USI: <i>(Unique Student Identifier*)</i>	
Address:			
Date of Birth:		Email:	
Home Phone:		Mobile:	
Guardian Name:		Phone:	

*Create a Unique Student Identifier: <http://www.usi.gov.au/create-your-USI/Pages/default.aspx>

Are you still enrolled at School or an Agency? YES / NO <i>(please circle)</i>	
If yes, please name the School or Agency:	
Coordinator's Name:	
Email:	Phone:

Applicant Questionnaire

What would you like gain from the **Maritime Youth Program**?

What types of maritime activities are you already involved in and/or interested in?

Email your Expression of Interest Form to: E: ann.ings@smtafe.wa.edu.au P:9239 8045