



Application form

The Willing and Able Mentoring (WAM) Program has been developed to provide you, a student/job seeker who has a disability, the opportunity to showcase your talents and gather essential information and experience for that vital transition from education to the competitive world of employment.

The WAM program is designed to train and match selected students/job seekers with mentors in career areas relevant to each person's aspirations. You, as a mentee, would be expected to attend several meetings (a minimum of eight hours in total) with your mentor, who will provide advice, insight and a range of opportunities to enhance your knowledge of your chosen field of work. You would also be required to attend a training session at the start of the program, and a debriefing and certificate presentation event at the conclusion of the program. (The training, your mentoring sessions, and Certificate Presentation will be held in your locality as far as possible.)

For further information on WAM go to: www.graduatecareers.com.au/wam

This application form consists of five sections. All must be completed before an application can be considered.

Information provided by you will be treated with confidentiality and not used for any other purpose without your permission.

Applications to be returned preferably via email attachment to Kevin Murfitt, kevin.murfitt@deakin.edu.au, or mailed to Kevin Murfitt at: School of Psychology, Deakin University, 221 Burwood Hwy, Burwood Vic 3125

SECTION ONE

Personal details

Name (of student/job seeker)

Address

Phone number

Voice TTY

Mobile/SMS number

Email contact

Emergency contact person and phone number

How did you find out about WAM?

NB. If being referred by a Job Network provider, Careers Counsellor or other agency (eg. Disability Employment Specialist) please give full contact details below.

SECTION TWO

Course details

Name of current course (or last course undertaken)

Major/s (if appropriate)

TAFE or University enrolled in

Current year level

Student number

SECTION THREE

Disability information

Name of condition

Age of onset

Birth Childhood Adolescent Adulthood

How does your disability impact upon your day-to-day living and education?

Other relevant Information

SECTION FOUR

Employment Aspirations

What type of employment are you or will you be seeking after graduation?

What organisations would you like to be placed with during the WAM program?

Do you have any existing contacts within these organisations (please list name and contact details)

What do you consider to be potential barriers to employment?

What would you like to gain from the WAM program?

SECTION FIVE

Conditions

- Applicants must have a disability (eg. mental health condition, long-term medical conditions, physical disability, sensory impairment).
- Applicants are expected to include relevant personal/disability information pertinent to their intended mentoring placement. This information is necessary to facilitate a safe and inclusive involvement in the program.
- Applicants must be committed to undertake the program in its entirety.
- Applicants must be available for pre program training (half-day) and final debriefing (half-day).
- Applicants must be prepared to meet their own travel costs for meetings with mentors

Declaration

I,..... declare that the information I have supplied is true and correct. I agree that I will meet the above-mentioned conditions.

Signature (not essential if submitting online):

.....

Name:

Date:/...../.....