**Doxa Cadetship Application Form – Students**

Please complete the following application form if you are interested in applying for the Doxa Youth Foundation Cadetship Program to determine eligibility.

Our young people are from a diverse range of backgrounds and we require some background information to assist us.

The information provided on the application form is strictly confidential and will be used for the purposes of determining your suitability for the program.

**Personal Details:**

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Contact Number** | Click or tap here to enter text. |
| **Residential Address** | Click or tap here to enter text. |

**It is important for us to know where you heard about the Doxa Youth Foundation Program.**

**Please tick the most appropriate:**

|  |
| --- |
| School Referral |
| Doxa Youth Foundation Website |
| Alumni |
| Career Expo |
| Other |
| If other please provide details of where you heard about the Doxa Cadetship Program: |
| Click or tap here to enter text. |

**We are committed to providing a culturally safe environment for our program participants, that's why we would like to know whether you identify as:**

|  |  |
| --- | --- |
| Aboriginal and/or Torres Strait Islander: Choose an item. | Are you from a refugee/asylum seeker background: Choose an item. |
| Are you from a migrant background: Choose an item. | Is English your first language: Choose an item. |

**Education Details:**

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| --- |
| **What is your current year level at School/University** |
| Choose an item. |
|  |
| **If you are currently not a year 12 student and not at University, please specify** |
|  |
| Click or tap here to enter text. |
|  |
| **Where are you currently enrolled? Please specify your current Secondary School or University**. |
|  |
| Click or tap here to enter text. |

**Education and employment goals:**

|  |
| --- |
| **Please tick your study interests:** |
| **Accountancy/Finance** |
| **Engineering** |
| **Arts** |
| **Business/Commerce** |
| **Law** |
| **Medicine** |
| **Biomedical Science** |
| **Information Technology** |
| **Social Sciences** |
| **Other – Please Specify** Click or tap here to enter text. |

**Employment Goals**

|  |
| --- |
| **Is there a specific industry you want to work in (e.g. Human Resources** |
| **Accounting** |
| **Law** |
| **Economics** |
| **IT** |
| **Marketing** |
| **Construction** |
| **Health Care** |
| **Education?** |
| **Other:** Click or tap here to enter text. |

**References:**

|  |
| --- |
| **Please provide details of your referees (example teacher, year level coordinator, counsellor or employer). You are required to provide a minimum of two referees:** |
| **Professional’s Name** Click or tap here to enter text. |
| **School/Business Name** Click or tap here to enter text. |
| **Professional’s Phone Number** Click or tap here to enter text. |
| **Professional’s Email Address** Click or tap here to enter text. |

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| **Please provide a written statement of 200 to 300 words detailing how you believe the Doxa Cadetship Program will benefit you and what you are hoping to gain from the experience.** |
| Click or tap here to enter text. |

**The information provided on the application form is strictly confidential and will be used for the purposes of determining your suitability for the program.**

**Contact:**

If you are unsure how to complete the form or have further questions, please contact us at:

Phone:

(+61) 03 9046 8200

Email:

[info@doxa.org.au](mailto:info@doxa.org.au)