



BARRANGGIRRA CLIENT REGISTRATION FORM

Name of Apprentice/Trainee:			
Contact Phone No:		Date of Birth:	
Email Address:			
Address:			Postcode:
Employer Trading Name:			
Employer Address:			Postcode:
Employer Contact Name:			
Employer Contact Phone No:		ABN:	
Apprenticeship or Traineeship:			
Qualification:			
TCID:			
Start Date:			
Expected End Date:			
Full time / Part time:			
Comments:			

UNGOOROO ABORIGINAL CORPORATION
Shop 1 - 6, 157-159 John Street,
SINGLETON CENTRE, Singleton NSW 2330

Barranggirra Program Contact Details
PHONE: 02 6571 5111
EMAIL: barra@ungooroo.com.au



Disclosure tick box, this form was completed in collaboration with an Active registered participant from the Barranggirra Initiative and any false or misleading information on this form could lead to legal proceedings taken by Training Services NSW.

Disclosure tick box, The participant stated on this form consents to the Barranggirra Initiative funded through Training Services NSW to use their personal details such as Name, Date of Birth, Postcode and Education Details to be captured on the Winangay Data Base System. The data collected will only be shared and maintained by Training Services NSW and the Department of Education. The student stated on this form will be notified in the event that the information captured needs to be shared with another Third Party not listed on this form, to provide consent. A parent or guardian also provides consent for the following.

Disclosure tick box, The participant stated on this form consents to the Barranggirra Initiative funded through Training Services NSW to use their images for promotional use through Ungooroo Aboriginal Corporation and the Barranggirra Initiative.

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