## Baked By Us Day Program **EXPRESSION OF INTEREST**

To apply for Baked By Us day program please fill out all information and we will be in contact shortly



	e	Preferred name	Date of Birth	
Gender	Identifies	s as NDIS No		
A la	Church Internation			
Aboriginal/Torres	Strait Islander	Primary language spoken a	at	
Address				
Parent/Guardian d	letails			
Name		Relationship to participant		
Address				
Phone		E-Mail		
	nation Details	<b>5</b>		
Name Business	nation Details	Position  E-Mail		
Name Business Phone		E-Mail		
Name Business Phone Other Allied Health prof		E-Mail vant to intake. eg Occupational Therap	pists	
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#### Participant information

What are your current goals or aspirations that you hope to achieve through this program?
eg. supported employment?
Community engagement?
Exploring an interest in hospitality work?
Have you participated in any similar work based programs in the past? If yes, please provide
details.
No, this will be my first work based program
Do you use any supports to participate in programs?eg. wheelchair, communication device?
Are there any cultural or identity considerations that we should be aware of to support you?
If yes please list
No,nothing to be aware of
What days are you hoping to attend program? And when would you be able to start?

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# BAKED BYUS

#### Participant information

Monday	Thursday	
Tuesday	Friday	
Wednesday	Saturday	
s there any additional ir nelpful for us to know?	formation that you would like to share that you would believe wou	ıld be
to Baked By Us for the y	our NDIS plan under 'Capacity + Skill building' that can be allocate ar of program? If unsure please tick 'unsure' giving Baked By Us ur support coordinator to find more information in regards to you	
_ No		
Unsure		
	ons about this program that you would like us to answer?	

Thank you for your time and our team will be in contact to let you know your application has been received.

This form can be dropped back in-store, emailed or via post to 78 Ryrie st Geelong 3220