



# Expression of Interest

## Indigenous Educator Support - Expression of Interest

**Date:** .....

**Surname** ..... **First Name** .....

**Service Name** .....

**Position** .....

**Service Address** .....

**Suburb** ..... **Post Code** .....

**Telephone (W)** ..... **Mobile** .....

**Email Address** .....



**Service Type:**  LDC  FDC  Preschool  OOSH  Other .....

**Early Childhood Qualification:**  Cert III  Diploma  Bachelor

Studying.....  Other .....

**Length of time employed in Early Childhood:** .....

**Inclusion Agency Hub:** .....

**Is there any particular area you would like support?**

.....



**Do you identify as Aboriginal or Torres Strait Islander:**  Not identifying  Aboriginal  
 Torres Strait Islander

**How did you hear about Indigenous Educator Support?**

- Colleague  IA Website  Local IA Professional  ICH Facebook  
 Flyer  Conference  IA partner organisation (KU, Gowrie, Include Me)  
 Other .....

Please email form to the Indigenous Cultural Hub [ich@gowriensw.com.au](mailto:ich@gowriensw.com.au).

Call 1800 703 382 for enquiries about Yarnin Circle' s in your area

**Office use**

Date Received:

Received by: