

Provider Request Form

Please add the following information about your organisation to the projectABLE resource list for 2017:

1. Name of organisation

2. Contact/s (Name, email, phone)

3. Brief description of participants, services and activities

4. Location/s

5. Opportunities available. Please highlight or mark those that apply, and add any additional details you wish to include, such as age limits for particular activities or other requirements:
 - Volunteering
 - Work experience
 - Mentoring (students as mentors)
 - Paid work (casual/part time/full time)
 - Training and development
 - Other

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6. Please describe any general prerequisite skills, abilities, attitudes, training or registrations required for participating in your organisation.
7. Please add details (or a web address) for any training/seminars/updates that might be of interest to students/job seekers