



New Energy Apprenticeships Mentoring Program



Please complete and return this form via email to neamsa@megt.com.au

Qualification: _____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Email address: _____ Mobile number: _____

Sex: _____ Are you Aboriginal or Torres Strait Islander: _____

Country of Birth: _____ Citizenship: _____

Disability, impairment or long-term condition: _____

Legal Entity (Employer Name): _____

Employer Address: _____

Australian Business Number (ABN): _____

Employer Contact Name: _____ Employer Phone Number: _____

Parent, Guardian details if U18

Full Name: _____

Residential Address: _____

Email address: _____ Mobile number: _____