



Expression of Interest

Yarnin Circle Expression of Interest Form

Date:

Surname First Name

Service Name

Position

Service Address

Suburb Post Code

Telephone (W) Mobile

Email Address



Service Type LDC FDC Preschool OOSH Other

Inclusion Agency Hub:

Name of Participants expressing interest in attending a Yarnin Circle Session:

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Do any of your staff identify as Aboriginal or Torres Strait Islander: No Aboriginal
 Number: Torres Strait Islander
 would you like to be contacted about information on Indigenous Educator Support

Do you have any Aboriginal or Torres Strait Islander children identifying in your service?
 No Aboriginal # Torres Strait Islander #.....

How did you hear about Yarnin Circle?
 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.
 Call 1800 703 382 for enquiries about Yarnin Circle' s in your area

Office use	
Date Received:	Received by: