

EXPRESSION OF INTEREST HEALTH EDUCATION UNIT 2026

Please complete Expression of Interest and return to your host school by 22nd August 2025.

Student Full Name:			
Main School:			
Date of Birth:		Year Level (in 2026)	
Student school email address:			
USI: (must be completed)			
LUI: (must be completed)			
Parent/Guardian Full Name:			
Home address:			
Parent email address:			
Parent/Guardian Phone numbers	Home:	Mobile:	
SIGNATURES	<div style="margin-bottom: 20px;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0;"/> <div style="text-align: right;">(Student)</div> </div> <div style="margin-bottom: 20px;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0;"/> <div style="text-align: right;">(Parent/Guardian)</div> </div> <div style="margin-bottom: 20px;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0;"/> <div style="text-align: right;">(School Contact - VET Coordinator/ Industry Liaison Officer)</div> </div> <div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Date: <div style="border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> / <div style="border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> / <div style="border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> </div> </div>		

Host School contact person (VET Coordinator/Industry Liaison Officer), please email this document to Karen Healey – Industry Liaison Officer at Kawana Waters State College.
health_enrolments@kawanawatersssc.eq.edu.au or post to: PO Box 1049, BUDDINA QLD 4575.
 Phone: Secondary Campus: (07) 5436 9388