



# 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:  
 .....  
 .....  
 .....



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](mailto:ich@gowriensw.com.au).  
 Call 1800 703 382 for enquiries about Yarnin Circle' s in your area

<b>Office use</b>	
Date Received:	Received by: