

Scholarship Program

Expression of Interest Form

Thank you for taking time to apply for the WA Digital Inclusion Project's Scholarship Program. This form will ask you to share some personal information, ask some questions about which skillsets you are interested in, and what types of support you may need to be able to participate in and complete the program. The WA Council of Social Service (WACOSS) will use the information provided in this form to identify and select applicants who are digitally excluded to participate in the program.

The Scholarship Program (please refer to document 1 of the additional information provided) will provide 100 participants with the opportunity to complete up to two credentialed skillsets in digital literacy, with a focus on gaining job-ready skills. These skillsets will be delivered through North Metro TAFE.

ABOUT YOU

1. Full name *

2. Date of birth *

3. Phone number *

4. Email address (if you do not have an email address write N/A) *

5. Current address *

6. If an organisation told you about applying for this program, please let us know which organisation that was.

ABOUT THE COURSE

7. Why would you like to participate in this program?

8. Do you experience digital exclusion? (Please refer to the digital exclusion fact-sheet on document 2 of the additional information provided).

- ☐ Yes
- ☐ No
- ☐ Unsure

9. There are two courses being offered. You can apply to participate in one or both. Please select the courses you are interested to participate in (note you can change your mind about this, we are just looking to understand levels of interest for both options).

☐ **Skillset 1 - Digital Inclusion for Seeking Employment:** This skillset will help you get started on building your digital literacy and digital skills, such as using a computer, the internet, email and Microsoft Office. You'll then be able to apply these skills towards finding and applying for a job or further training such as completing a job search online, writing your resume, and applying for a job online.

☐ **Skillset 2 - Digital Inclusion for the Workplace:** This skillset will build on your existing digital skills and literacy to help you use technology in the workplace or further training, such as communications via email or messaging platforms, researching or presenting, and understanding how to keep yourself safe online.

10. Do you have access to a laptop or computer?

☐ Yes

☐ No

11. Please select which of the following supports you may require/be interested to receive. If you are successful you will be able to share any additional requirements you have during an optional one-on-one session with a team member of the WA Digital Inclusion Project. Please note we will do everything we can to provide you with the supports you request, but cannot guarantee we will be able to accommodate all of them.

☐ Transport - reimbursement for cost of travel

☐ Transport - I need support to get to a venue

☐ Device - I need a laptop

☐ I need an Auslan interpreter

☐ I need a translator

☐ I have mobility issues

☐ I need other supports or access

12. Interpreter language required if applicable

13. If you require any other supports please tell us about them.

14. Please select which time would be your preference for starting your course.

- ☐ I would like to commence study in Term 1, 2024 (from 31 Jan)
- ☐ I would like to commence study later than Term 1, 2024 (study must commence no later than July 2024)

15. If you are successful as a scholarship participant, we may ask you to participate in surveys and other activities that will ask for your feedback. These activities will help us understand your experience and the impact it had on your digital skills, which will allow us to improve the program in the future. These activities are part of monitoring and evaluation of the WA Digital Inclusion Project.

The WA Digital Inclusion Project is working with the University of Western Australia Centre for Social Impact on the monitoring and evaluation process.

16. I give permission for the WA Council of Social Service to use the information I have shared in this form for the purpose of the Scholarship Program application and selection process. I understand my information will be shared with North Metro TAFE who will be delivering the courses as needed to help me enrol in and complete the program. *

- ☐ Yes
- ☐ No