



EXPRESSION OF INTEREST: PARTICIPANT

PARTICIPANT'S DETAILS

Participant's Name		
Position in Service/ Organisation		
Phone Contact	Home:	Mobile:
Email		
Are you a member of PSCQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Number:

SERVICE/ORGANISATION DETAILS

Service/Organisation Name		
Supervisor's Name (Director/Coordinator)		
Is the Service/Organisation a member of PSCQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Number:
Postal Address		
Phone:	Fax:	Email:

VISIT DETAILS

Length of Visit (maximum 5 days)		Preferred visit location (provided region or town)	
What type of Service/Organisation do you want to visit?	<input type="checkbox"/> Long Day Care <input type="checkbox"/> FDC <input type="checkbox"/> Occasional Care	<input type="checkbox"/> OSHC <input type="checkbox"/> In-home Care <input type="checkbox"/> Other (Please Specify)	_____
Proposed dates for visit? (Include travel days if required) Expression of Interest should be submitted at least 1 month prior to visit dates. _____ to _____			



EXPRESSION OF INTEREST: PARTICIPANT

SELECTION CRITERIA

Which PSCQ Program Areas are you interested in participating in (may tick more than one):

- | | | |
|--|---|---|
| <input type="checkbox"/> PBC play based curriculum | <input type="checkbox"/> MAN management | <input type="checkbox"/> QF quality framework |
| <input type="checkbox"/> RP relationships & partnerships | <input type="checkbox"/> LED leadership | <input type="checkbox"/> INC inclusion |

Provide a brief outline of your experience in the industry (e.g. years of experience, service type, training), what you hope to gain from this exchange (learning goals) and how you will share your knowledge commitment to the sector. (Please be specific)



Participant's Signature:

Director/Coordinator Signature:

Date:

Please note the information on this form may be passed on to your Host Service. Participants should also complete the Participant Confidentiality Agreement and return it with this form.

Please return completed form to:

PSCQ, Health & Community Services Workforce Council

Ground Floor, 303 ADELAIDE ST, BRISBANE QLD 4000

or pscq@workforce.org.au