EXPRESSION OF INTEREST

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| MALLEE CMA DROUGHT EMPLOYMENT PROGRAM | | | | |
|  | | | | |
| Full name |  | | | |
|  |  | | | |
| Postal address |  | | | |
|  |  | | | |
| Town |  | | Postcode |  |
|  |  | | | |
| Mobile Number |  | Email Address |  | |

How has the drought impacted your primary source of income?

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Please outline your skills and experience:

*Note: The positions are allocated based on need rather than skills; however it is important for us to understand your experience in order to allocate roles that may be of most interest to you.*

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Please provide an indication of your availability and preferred work hours, including your available start date:

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Please list any training you would like to complete.

*Note: Training opportunities will be further discussed with participants following commencement.*

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|  |

Please submit this form in one of the following ways:

**Via email** to [reception@malleecma.com.au](mailto:reception@malleecma.com.au)

**Via post to**:

Mallee CMA Drought Employment Program  
PO Box 5017  
Mildura VIC 3501

**If you would like more information, please phone the Mallee CMA on 5051 4377.**