



## How to return completed forms:

**Complete this form, attach your report card, resume and two teacher references. Submit no later than Friday 8 March 2019.**

Email: [admin@eqjpgladstone.com.au](mailto:admin@eqjpgladstone.com.au)

Post: EQIP Gladstone  
PO Box 260, Gladstone QLD 4680

In person: Senior School Coordinator at your State High School  
OR  
Technical College, Boles Street, Gladstone QLD 4680

Contact: Phone: 07 4976 6129 or 0418 745 848

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## Select program/s:

**EQIP Health Support Services**

**Available to students commencing year 11 or 12 in 2019**

*Commences in term 2 of the 2019 school year*

HLT23215 Certificate II Health Support Services

*SDS Training (RTO 32505)*

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**PREQIP**

*Sponsored by Australia Pacific LNG, QGC and Santos GLNG*

**Available to students commencing year 10 in 2019 and who identify as Aboriginal or Torres Strait Islander**

*Commences in term 2 of the 2019 school year*

*Which traditional owner group do you identify with?*

- Gooreng Gooreng
  - Gurang
  - Tarebilang Bunda
  - Bailai
  - Other
-

# Student Application Teacher Reference



Student Name: \_\_\_\_\_

Student Year Level: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Subject taught: \_\_\_\_\_

Dear Teacher,

Due to limited places and an anticipated high demand for applications into EQIP Programs, we are asking students to apply for a position in the 2019 intake.

Part of the application process for entry into an EQIP Program requires the student to submit a completed application form and supporting references from their current teachers. Your comments and the information regarding this student will assist centre staff to determine their suitability for the program.

Regards,  
EQIP Gladstone

(Please indicate your rating for the above student in the following areas. Any additional comments would be welcome.)

	A	B	C	D	E
Positive attitude to studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort in completing work to the best of ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with the teacher during in-class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of politeness to teacher and students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks in class time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to class discussions and group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and willingness to work with fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: _____ _____					
Signature: _____	Date: _____				

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Student Year Level: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Subject taught: \_\_\_\_\_

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Effort in completing work to the best of ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with the teacher during in-class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of politeness to teacher and students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks in class time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to class discussions and group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and willingness to work with fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: _____ _____					
Signature: _____	Date: _____				