What is Nourish?

OzHarvest’s Nourish Program is a hospitality focused pathway to engagement and employment for at-risk youth aged 16-25. OzHarvest partners with TAFE NSW and delivers Nourish with the support of volunteers, mentors and qualified industry professionals. The 18-week Program is **FREE OF CHARGE** for participants.

The first stage is an introduction to hospitality featuring basic cooking, nutrition, food safety, kitchen hygiene, communication and teamwork. Participants then continue with a nationally recognized Certificate II in Kitchen Operations (SIT20416), which includes coffee making and customer service. OzHarvest has a growing list of food donors and industry contacts who are willing to provide work experience and employment opportunities for students who successfully complete the program.

**Under TAFE NSW requirements, Nourish Program participants who are still attending school will be required to provide a Certificate of Exemption from Attendance/Enrolment at School in order to complete their enrolment as a TAFE student.**

How to get involved!

Young people can register their interest in the Nourish Program by completing and returning the following form and will be contacted directly to complete the enrolment process. If you have any questions or would like more information, please don’t hesitate to contact our Sydney Nourish Program team:

Phone: 0490 467 623   
Email: nourish.newcastle@ozharvest.org

The Nourish Program team at OzHarvest looks forward to hearing from you soon.

***“Our young people have benefited dramatically from participating in the Nourish Program and have progressed onto further education and career pathways through the success of the program.”***

Delise Kerehona – Manager – Ted Noffs Foundation, The Street University, Liverpool

***``It may sound like the cheesiest thing but the Nourish Program seriously changed my life. They pushed me to reach my full potential even when I wanted to quit. This course enabled me to reach my full abilities.’’***

Kiana Rameka – Nourish Program Graduate

RTO 90003

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| PERSONAL DETAILS | | | | | |
| Name: | | Date of Birth: Age: | | | |
| Gender: Male Female Gender Diverse | | Country of Birth: | | | |
| Are you an Australian or New Zealand citizen? If not, what is your visa sub-class? | | | | | |
| Do you identify as Aboriginal or Torres Strait Islander? | | | | | |
| Address: | | | | | |
| Post code: | | | | | |
| Mobile: | | Home Phone: | | | |
| Email: | | | | | |
| Accommodation Type | | | | | |
| Short term | Medium term | Long term | Unsure | | |
| Applicant Details | | | | | |
|  | | | | **Yes** | **No** |
| Are you still attending or enrolled in secondary school? | | | |  |  |
| Are you interested in working in the Hospitality Industry? | | | |  |  |
| Are you currently employed? | | | |  |  |
| Are you a job seeker registered with an Employment Service Provider (ESP)? ***If yes please give details:*** | | | |  |  |
| Do you consider yourself to have a disability, impairment or condition that you require learning assistance with? ***Please list:*** | | | |  |  |
| To ensure the best support for you, we would like to know if you have a criminal record? | | | |  |  |
| To ensure the best support for you, we would like to know if you have any addiction issues? | | | |  |  |
| If you are under 17 and are not attending school, do you have a ROSA? | | | |  |  |
| What is your highest level of education and/or most recent course completed? | | | | | |
| Are you currently receiving any financial/government benefits?  Youth Allowance Abstudy Austudy Newstart DSP Other | | | | | |
| If you have a Centrelink Customer Reference Number (CRN), ***please give details***: | | | | | |
| If you have a Unique Student Identifier number (USI), ***please give details***: | | | | | |
| How did you hear about the Nourish Program?  Name of caseworker/teacher/support person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of referring school/agency/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact details: | | | | | |

**This signature recognises the responsibilities and commitment needed to participate in the Nourish Program.**Name: Date: / /

Signature: