

Women's Business 2nd Chance Hub

Welcome to the Women's Business UN Second Chance Programme. Real Futures Women's Business is all about empowering communities by empowering women.

How did you find out about the Women's Business UN Women Second Chance programme? (SELECT ONE)

Real Futures Staff	Social Media	Family / Friends	Other Advertising	Disability Employment Provider
Educational Institution	Job Provider	Other (please specify)		

LOCATION				
Which country are you in?	Australia	Cameroon	Chile	
	India	Jordan	Mexico	
	Other (Please Specify)			
Street Address				
Suburb		Postcode		

Do you live in an urban, semi-urban or rural area? ("Urban" means "located in a town or city." "Rural" means "located outside towns and cities." "Semi-Urban" means "between urban and rural.")

Urban	Rural	Semi - Urban	
-------	-------	--------------	--

YOUR DETAILS											
Date you entered or enrolled in second chance programme? (yyyy-mm-dd)											
Which of the following BEST describes you?	Refugee		Migrant		Recent Immigrant						
	Internally Displaced Persons		Citizen National		Citizen/National – Identify as Indigenous/Ethnic Minority (Aboriginal or Torres Strait Islander)						
	Not comfortable answering										
Definitions for purposes of this question: Refugee – one forced to flee his or her home because of war, violence, or persecution. Migrant - someone who is moving from place to place (within his or her country or across borders), usually for economic reasons such as seasonal work. Immigrant - someone who makes a conscious decision to leave his or her home and move to a foreign country with the intention of settling there. IDP - someone forced to flee his or her home, but who remains within their country's borders. Indigenous - originating or occurring naturally in a particular place.											
Name											
What is your age? D.O. B			Your Mob / Nation / TO Group								
Do you have a birth cert?	YES	NO	Do you have a Confirmation of Aboriginality			YES	NO				
Home phone			Mobile Phone Number								
Email Address											
Emergency contact name			Emergency contact phone								
Licence Type	None	L's	P1	P2	C	LR	MR	HR	HC	R	Suspended





Women's Business 2nd Chance Hub

USE OF OTHER PROGRAMMES

Are you registered with an Employment Services Provider? (Please tick one)

Job Active	Parents Next Program	Disability Employment Service (DES)	
NEIS Program	Transition to Work (TTW)	Not Registered	

If yes, what is the Name and suburb of the provider:

EMPLOYMENT STATUS AND PRE-EMPLOYMENT CHECKS

What is your current employment status? (Please tick one)

Never Previously Employed	Currently Unemployed	Casual Worker	
Currently Employed	Currently Self-Employed	Housewife/Caregiver	

If unemployed, what is your Centrelink employment type?

Do you have a contract for your employment?

YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	

Has your contract for employment been extended?

Do you have a Working with Children's Check? WWC Number (if known)

Have you had a National Criminal History Check in last 6 months?

Would you be able to pass a Drug & Alcohol test at the present time?

Have you got proof of COVID-19 Vaccination? (Optional)

Do you have a Resume?

Would you like help creating a resume?

Do you want to relocate?

If 'yes', where would you like to move to?.....

If you are looking for work, what type of work are you interested in? **Please number your TOP 3 preferences from 1 to 3:**

Indigenous Services	Plumbing	Camp Operations	Banking	Teaching / Training	
Labourer	Carpentry	Aged care	Photography	Store person	
Machinery Operator	Glazier	Home Care	Modelling	Retail / Shop assistant	
Truck Driver	Butchery	Pharmacy	Management	Beauty	
Horticulture	Rail Work	Hospitality	Marketing	Hairdressing	
Road work	Medicine / Medical	Waitress	IT	Sciences	
Trade Assistant / Apprentice	Nursing	Barista	Sales	Pilot / Airline Work	
Building / Construction	Health worker	Bar	Receptionist / Admin	Music / Disc Jockey	
Manufacturing	Mental health	Cooking / Chef	Bookkeeping	Public service	
Warehousing	Youth work	Kitchen hand	Call centre	Sports	
Mining	Childcare	Cleaner	Security Work	Factory / Process work	
Mechanical	Disability Work	Travel / Tourism	Police	Ambulance	

*** Please feel free to add any employment you may be interested in***





Women's Business 2nd Chance Hub

CARING AND DEPENDENT RESPONSIBILITIES

Do you have children at home in your care? YES NO If yes, how many? Ages?.....

Do you have children or adults with special needs you care for at home? YES NO If yes, how many?.....

Do you require assistance with childcare? YES NO

Would you like to join a playgroup or mothers' group? YES NO

Regarding your economic situation within your home, which of the following BEST describes you? (Please tick one)

<input type="checkbox"/> I provide all / most household income	<input type="checkbox"/> I share responsibility for household income with others	<input type="checkbox"/> I contribute a lesser amount to household income
<input type="checkbox"/> I contribute non-financially (support family to generate income; provide labour)	<input type="checkbox"/> I do not provide income to the household	

How many people depend on you financially? (Not including yourself, regardless of age)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 or more
----------------------------	----------------------------	----------------------------	------------------------------------

ACCESS AND USE OF TECHNOLOGY

Which of the following digital devices do you own? (Tick all that apply)

<input type="checkbox"/> Desktop Computer	<input type="checkbox"/> Laptop (notebook)	<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Smartphone	<input type="checkbox"/> Tablet	<input type="checkbox"/> None / I do not own any digital devices
<input type="checkbox"/> Other (Specify or name other type)		

What type of internet connection do you regularly use at home?

<input type="checkbox"/> Home plan (cable or Wi-Fi)	<input type="checkbox"/> Mobile data plan	<input type="checkbox"/> Prepaid internet bundle
<input type="checkbox"/> Public Wi-Fi (through libraries, squares, etc.)	<input type="checkbox"/> None/I do not have the internet at home	
<input type="checkbox"/> Other (Specify or name other type)		

From the following list, what internet and computer tools can you use?

<input type="checkbox"/> Use a social network (e.g., WhatsApp, Instagram, Facebook, Twitter)	<input type="checkbox"/> Browse Internet to find information	<input type="checkbox"/> Download a mobile application or computer program
<input type="checkbox"/> Make a video call	<input type="checkbox"/> Send and read an email	<input type="checkbox"/> Attach file in email
<input type="checkbox"/> Create a document (e.g., Word/Google Docs)	<input type="checkbox"/> Use a spreadsheet	<input type="checkbox"/> Make a presentation (e.g., PowerPoint/Google Slides)
<input type="checkbox"/> Other (Specify or name other types)		

What social media platforms do you currently interact with? (If applicable)

Social Media Type	Facebook <input type="checkbox"/>	Instagram <input type="checkbox"/>	Twitter <input type="checkbox"/>	Linked In <input type="checkbox"/>
Account Name				





Women's Business 2nd Chance Hub

EDUCATION

What is the highest level of school that you have completed? (Please tick one)

Lower Primary School (ages, 6-10)	Upper Primary School /Lower Middle School (ages 11-12)	Year 10 or below Upper Middle School/Lower Secondary School (ages 13-16)	Year 11 Upper Secondary School/High School (ages 17-19)	Year 12 Upper Secondary School/High School (ages 17-19)
Certificate I Lower Tertiary/Technical/ Vocational (ages 18-20)	Certificate II Lower Tertiary/Technical/ Vocational (ages 18-20)	Certificate III Lower Tertiary/Technical/ Vocational (ages 18-20)	Certificate IV Lower Tertiary/Technical/ Vocational (ages 18-20)	Diploma Lower Tertiary/Technical/ Vocational (ages 18-20)
Advanced Diploma Lower Tertiary/Technical/ Vocational (ages 18-20)	Graduate Degree University Degree or higher	Post Graduate Degree University Degree or higher	No formal Schooling	
Other (please specify)				

Do you want to undertake a course or study? YES NO If yes, in what area or industry were you thinking to study?

.....

Do you have a Unique Student Identifier (USI) number? YES NO Number (if known)

Would you like to have or obtain any of the following tickets?

WHS White Card	Operator Tickets	Chem Cert	Confined Spaces	First Aid
Dogging / Rigging	Forklift	EWP	Traffic Control	Crane
Manual Handling	Trade Certificate:			
Spotter	Other:			

OTHER GOALS

Do you want to start your own business? YES NO

If yes, in what area or industry were you thinking to start a business?

Please tell us your **TOP 3 financial goals** (number in order of priority - 1. Now 2. In 6 months 3. Later) **NUMBER DONT TICK**

Have an emergency fund	Get out of debt	Plan for retirement	Earn a higher income	Make a budget
Reduce water and energy bills	Reduce phone bills	Have a travel account	Afford family activities	Get off benefits
Help family	Get a loan	Buy a Car/ house	Other (specify)	





Women's Business 2nd Chance Hub

Please tell us your **TOP 3 Professional goals** (number in order of priority - 1. Now 2. In 6 months 3. Later) **NUMBER DONT TICK**

Find work/Get Job	Start a career	Start own business	Do some training	Get higher qualifications
Upskill to get a better job	Public Speaking	Learn new technology		
Other (specify)				

Please tell us your **TOP 3 Personal or Lifestyle goals** (number in order of priority - 1. Now 2. In 6 months 3. Later) **NUMBER DONT TICK**

Get Healthy	Improve Fitness	Learn Culture	Be more social	Build Confidence
Find new Housing	Seek Medical Dental Services	Improve Mental Health	Travel	Make over
Other (specify)				

What is your **MAIN** motivation to participate in the program? **(SELECT ONE):**

I did not finish school education and I would like to resume it	I would like to find a job and earn money	I want to start or improve my own business	I want to improve my digital skills	I would like to learn leadership skills
I would like to meet new people	I need social support and to improve my life skills	I would like to have personal growth	I don't know	
Other Motivation (specify)				

Select **ALL** the reasons you are participating in the program. **(SELECT ALL THAT APPLY)**

I did not finish school education and I would like to resume it	I would like to find a job and earn money	I want to start or improve my own business	I want to improve my digital skills	I would like to learn leadership skills
I would like to meet new people	I need social support and to improve my life skills	I would like to have personal growth	I don't know	
Other Motivation (specify)				





Women's Business 2nd Chance Hub

IDENTIFYING POTENTIAL BARRIERS TO MEETING YOUR GOALS

Please indicate any of the below that applies to your current situation. Tick as many as you like - this form is protected by confidentiality policies.

(a) Health

- Drug or alcohol issues
- Eyesight
- Hearing
- Dental
- Mental Health issues
- Disability
- Physical health issues (like diabetes or a bad back)
- Smoking
- Other.....

(b) Housing and Finances

- Homelessness
- Paying rent
- Paying mortgage
- Overcrowded housing
- Outstanding fines/debts
- Other Loan Repayments
- Credit Card Debt
- Other.....

(c) Parenting and Caring Responsibilities

- Pregnancy
- Breast Feeding
- Childcare
- Caring for others with disability
- Caring for elderly
- Other

(d) Transportation

- Lost driver's licence
- No vehicle
- Lack of public transport in area
- Share a vehicle with other household members
- No drivers licence
- Only on Learner Permit
- Difficulty completed driving hrs Learner's permit
- Other.....

(e) Safety, law and justice

- Criminal record
- Legal proceedings
- Threatened or physical or verbal abuse
- Apprehended Violence Order (AVO)
- Parole
- Work Development Orders
- Pending incarceration
- Other.....

(f) Literacy & Numeracy

- Lack confidence in reading
- Lack confidence in writing Other
- Have difficulty with maths & numbers
-





Women's Business 2nd Chance Hub

Thankyou! Your information is truly appreciated and valuable because it will contribute to the healthy economic progression of Aboriginal Women in Australia but most of all this is the first step to changing your life!

DECLARATION

1. PERMISSION TO USE PHOTOGRAPHS, VIDEOS AND/ OR NARRATIVES

I, hereby give permission to Real Futures Pty Ltd and UN Women to use photographs, videos and/or parts of my narrative for inclusion in media /advertising/ promotional material. I willingly provide my permission without any expectation of fees. I am aware that Real Futures Pty Ltd will use my photographs/ video/ narrative in good judgement as agreed to by me in this permission. I have the right to revoke my permission, and this will apply to material produced after the date the permission is withdrawn.

2. CONDITIONS OF MEMBERSHIP

Please read carefully. By signing this document, you agree for Real Futures Pty Ltd to conduct relevant pre-employment screening and information sharing as part of your participation

- a. I am willing to undertake agreed training to enable me to qualify for employment entry level requirements where applicable and necessary.
- b. I will contact Real Futures personnel should I encounter any difficulties that may cause me to cease participation
- c. I give Real Futures personnel permission to release information pertaining to my employment if it is necessary to assist me in gaining employment.
- d. I give Real Futures personnel permission to access information pertaining to my employment and training from other organisations including Employers, Job Active Providers, Other Employment Services Providers, Registered Training Organisations and Australian Apprenticeship Centres
- e. I enter this agreement of my own free will and take full personal responsibility for my decisions, relinquishing any right for compensation from Real Futures Pty Ltd.

I declare that I have read, understood, and agree to the conditions of participation.

Name of Aspirant.....Signature.....Date.....

Name of witness.....Signature.....Date.....





Women's Business 2nd Chance Hub

OFFICE USE ONLY – TRAINING AND SUPPORT PLAN

Date of meeting:

Meeting Location:

Aspirant Story:

Aspirant Level Assigned:

Job Ready? Yes No

PLAN 1 (or within 3 months):

PLAN 2 (or within 6 months):

PLAN 3 (or within 12 Months)

Other Training OR ID Required: (Example WWCC, Police check, Birth certificate, WHS White card)

Resources required from hub:

Referrals (tick referrals required):

VTEC	Housing Services	Childcare	Medical/Dental/eyesight
Mental Health Services/Counselling	Domestic Violence	RTO/Training Provider	NDIS Provider
Family Services	Mothers or Playgroups	State Debt Recovery	Financial Planning
Legal Services	Other (specify)		

Employment Plan:

