**HPGE Program 2025**

**EXPRESSION OF INTEREST**

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**EXPRESSION OF INTEREST**

Please complete the EOI below, scan with signatures and email to: rumbalaraeec@gmail.com

**EOIs should be no longer than 2 x A4 pages in total.**

|  |  |
| --- | --- |
| **Name:** |  |
| **School:**  |  |
| **Year:** | **Age:** | **Gender:** |  |
| **Suburb:** |  |
| **About me:****(Tell us about yourself)** |  |
| **I would like to participate in this program because:** |  |
| **Describe any activities that you do now that might support your EOI:** |  |
| **School Contact Teacher:** |  |
| **Contact Teacher details:** | Email:  |
| Phone No.: |
| **Principal Support:**Name: |  |
| Signature: | Date: |  |
| **Parent / Guardian:****Name(s):** |  |
| Signature: | Date: |  |
| **Parent / Guardian Contact details:** | Email: |
| Phone: |