

**HPGE Program 2025**

**EXPRESSION OF INTEREST**

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Please complete the EOI below, scan with signatures and email to: [rumbalaraeec@gmail.com](mailto: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: | | | |