What iS Nourish?

OzHarvest’s Nourish Program is a hospitality focused pathway to engagement and employment for at-risk youth aged 16-25. OzHarvest works with TAFE NSW, volunteers, mentors and qualified industry professionals to deliver the 18-week program, which comes **at no cost** to participants.

The first stage is an introduction to hospitality featuring cooking, nutrition, food hygiene, communication and teamwork. Participants continue with a Certificate II in Kitchen Operations (SIT20416) including coffee making and customer service. OzHarvest’s network of food donors and industry contacts can provide work experience and employment pathways 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 to complete their enrolment as a TAFE student. Under 17s may be required to provide additional documentation.**

How to get involved!

Young people can register their interest in the Nourish Program by completing the following registration form and emailing it to nourish.sydney@ozharvest.org. There are limited places available, so all applications will be subject to a recruitment process.   
  
If you have any questions or would like more information, please don’t hesitate to get in touch with our Sydney Nourish Program team:

Phone: 0411 465 458   
Email: nourish.sydney@ozharvest.org

***“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

***``Our son was mentored, coaxed, taught and enriched more than he could have imagined. Using humour, respect and belief in our son’s efforts brought phenomenal change and growth for him. We will be forever grateful for that time and opportunity with Nourish.’’***   
  
Gina - Mother of Nourish Graduate

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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: | | | | | |
| What is your preferred pronoun? | | | | | |
| 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 Jobseeker Austudy 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***: | | | | | |
| **Name of referring school/agency/organisation:**  Contact details of referring caseworker/teacher/support person:  Name: Position:  Email: Mobile:  **This signature recognises the responsibilities and commitment needed to participate in the Nourish Program.** NAME: SIGNATURE: DATE: / / | | | | | |