



Expression of Interest for an I CAN Network Mentoring Program

Program: Echuca Interschool Secondary Mentoring Program

Venue: Bendigo TAFE, Echuca campus

Day and Time: Thursdays, 11am-12pm

Student's full name: _____

School: _____

Year Level: _____

Parent/Guardian's full name: _____

Email: _____

Phone: _____

Brief profile of student (e.g. diagnosis, support requirements, special interests):

Thank you for expressing interest in your young person participating in the I CAN Echuca Secondary Mentoring Program. We will be in touch to let you know if they have been successful in gaining a place in our program.