

Expressions of Interest

PERSONAL DETAILS

First Name: _____ Surname: _____

Residential Address: _____ Suburb: _____ Postcode: _____

e-mail Address: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Sex: M [] F [] Date of Birth: ___/___/___ Aboriginal Torres Strait Islander Neither

STUDY INTEREST

Please tick any/all your study interests:

- | | |
|--|--|
| <input type="checkbox"/> Certificate I in Business | <input type="checkbox"/> Certificate II in Business |
| <input type="checkbox"/> Certificate III in Business | <input type="checkbox"/> Certificate III in Business (Frontline Management) |
| <input type="checkbox"/> Certificate IV in Business (Frontline Management) | <input type="checkbox"/> Certificate IV in Small Business Management |
| <input type="checkbox"/> Certificate IV in Business (Governance) | <input type="checkbox"/> Diploma of Governance |
| <input type="checkbox"/> Certificate II in Information Technology | <input type="checkbox"/> Certificate III in Conservation and Land Management |
| <input type="checkbox"/> Other? _____ | |

Non Accredited training includes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Computer use | <input type="checkbox"/> Basket making | <input type="checkbox"/> Didge Making |
| <input type="checkbox"/> Aboriginal Artwork | <input type="checkbox"/> MYOB | <input type="checkbox"/> Family History research |
| <input type="checkbox"/> Job Search Training | <input type="checkbox"/> Photography | <input type="checkbox"/> Secure funding |

Other qualifications we can offer from time to time may include:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Trainer and Assessor | <input type="checkbox"/> First aid training |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Cultural Awareness Training | <input type="checkbox"/> Computer Studies |

Please circle what study options you are interested in: full time/part time/block release /Correspondence

PERSONAL STATISTICS

Do you speak a language other than English and/or do you require assistance with English? YES / NO

If YES please specify _____ Country of Birth: _____

Do you have Learning, Literacy or Numeracy issues that you would like additional support with? YES / NO

Client Confirmation:

I _____ confirm the information I have provided is true and correct to the best of my knowledge. I understand my information provided is for statistical purposes and this is not a generic enrolment into a course.

Client's Signature: _____ Date ___/___/___

OFFICE USE ONLY

Client information entered on database/spreadsheet

Letter of receipt issued to client

Details entered by (staff member to complete):

Name: _____

Title: _____

Date: _____