

# EXPRESSION OF INTEREST

REQUESTED COURSE.....

GIVEN NAME(S) (LEGAL GIVEN NAME (S)).....

SURNAME (LEGAL FAMILY NAME).....

EMPLOYER .....

MALE                       FEMALE                      DATE OF BIRTH.....

STREET ADDRESS.....

SUBURB/TOWN..... POST CODE.....

HOME PHONE..... MOBILE.....

EMAIL (private).....

Email: (work) .....

**RESIDENCY**

I am an Australian Citizen or Permanent Resident (Tick one box)

- An Australian Citizen; or
- A holder of a Permanent Visa; or
- A New Zealand Citizen

**COURSES CURRENTLY ENROLLED OR SCHEDULED TO BE**

Number of commenced or scheduled to commence of government subsidised courses in 2018 \_\_\_\_\_

Number of government subsidised courses currently being undertaken \_\_\_\_\_

Number of government subsidized courses commenced at the same level as that of the above \_\_\_\_\_

**PRIOR EDUCATION – PREVIOUS QUALIFICATION ACHIEVED**

Have you SUCCESSFULLY completed any of the following qualifications?

- Yes
- No

If Yes, please tick ANY of the boxes below.

- |   |  |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree       | <input type="checkbox"/> Advanced Diploma or Associate Degree                |
| <input type="checkbox"/> Diploma (or Associate Diploma)         | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II                                      |
| <input type="checkbox"/> Certificate I                          | <input type="checkbox"/> Certificates other than the above                   |

**FEE CONCESSIONS - COPIES REQUIRED**

To enable us to analyse Fee Concessions we require the following information. Do you hold any of the following?

- Health Care Card
- Pensioner Concession or Disability Pension Card
- Veteran's Gold Card

**COMMENTS:**

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- I declare that the information provided to the RTO in application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application.
- I acknowledge that providing any false information and/or failing to disclose any information relevant to the application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of the Registered Training Organisation.

Name: ..... Signature .....