To be filled out by the prospective student and completed by the RTO Manager.

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of birth** |  \_ \_ / \_ \_ / \_ \_ \_ \_ |
| **Home phone** |  | **Mobile** |  |
| **Home address** |  |
| **Email** |  |
| **I would like to be considered for the following course:** |
| *O Certificate III in Community Services Work**O Certificate IV in Community Services Work* |
| **Please list your prior qualifications?** |
| *e.g. Certificate II in Hospital?*  |
| **Signed** |  | **Date** |  |
| **Your work details** *(if employed)* |
| **Organisation** |  |
| **Address** |  |
| **Phone** |  | **Fax**  |  |
| **Support of your organisation if applicable** |
| **Name of organisation** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is prepared to release the person detailed above to do this course.** |
| **Employer/Manager signature** |  | **Date** |  |
| **Print name** |  | **Position held** |  |
| **Phone** |  |
| **Email** |  |

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| --- |
| **Privacy and confidentiality** |
| VACSAL RTO collects, uses and destroys your information in accordance with our Information Privacy Policy. If you have any questions please contact the RTO Manager. |
| **Submitting this form** |
| * Email to melinda.eason@vacsal.org.au
 | * Hand to RTO office
 |
| * Fax to 03 9416 4147
 | * Post to RTO Manager
 |

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| --- |
| ***Office use only*** |
| **Outcome of this Expression of Interest** |  |
| **RTO Manager signature** |  | **Date** |  |