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 |

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