

Expression of Interest Form for 2017

Original to be filed



To be filled out by the prospective student and outcome documented 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:			
<input type="checkbox"/> Certificate IV in Community Services Work <input type="checkbox"/> Certificate III in Individual Support (Ageing/HACC) <input type="checkbox"/> Certificate IV in Disability			
Please list your prior qualifications?			
<i>e.g. Certificate II in Hospital?</i>			
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			
Privacy and confidentiality			
E-focus and 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			
<ul style="list-style-type: none"> ▪ Email to melinda.eason@vacsal.org.au ▪ Fax to 03 9416 4147 		<ul style="list-style-type: none"> ▪ Hand to RTO office ▪ Post to RTO Manager 	
Office use only			
Outcome of this Expression of Interest			
RTO Manager signature		Date	