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

**Your details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Date of birth** | \_ \_ / \_ \_ / \_ \_ \_ \_ |
| **Phone** |  | | **Email** |  |
| **Home address** |  | | | |
| **I would like to be considered for the following course:** | | | | |
| 🖵 *Certificate IV in Community Services (CHC42015)* 🖵 *Diploma of* | | | | |
| **Please list all your current qualifications** *e.g. Certificate III in Business, Certificate IV in Youth Work* | | | | |
|  | | | | |
| **I have a current:** | 🖵 Police check 🖵 Working with Children Check | | | |
| **Signed** |  | | **Date** |  |
| **Your work details** *(if employed)* | | | | |
| **Organisation** |  | | | |
| **Address** |  | | | |
| **Phone** |  | | | |
| **Support from your organization to study this program** *(if applicable)* | | | | |
| **Name of organisation** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is prepared to release the person detailed above to do this training program.** | | |
| **Employer/Manager signature** | |  | **Date** |  |
| **Print name** | |  | | |
| **Position held** | |  | | |
| **Phone** | |  | **Email** |  |

|  |  |
| --- | --- |
| **Privacy and confidentiality** | |
| VACSAL’s 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** |  |