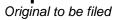
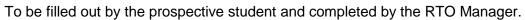
Expression of Interest Form: 2020





Your details

Name					Date of bir	rth	/ _	_/		
Phone					Email					
Home address										
I would like to be considered for the following course:										
Certificate IV in Community Services			(CHC42015) Diploma of Community Services (CHC52015)						5)	
Please list all your current qualifications e.g. Certificate III in Business, Certificate IV in Youth Work										
I have a current:		Police	Police check Working with Children Check							
Are you Aboriginal or Torres Strait Islander?		Abori	ginal \Box	Torres	Strait Islan	der	□Во	th Neither		
Signed					Date					
Your work details	(if emplo	oyed)								
Organisation										
Address										
Phone										
1 110110	Support from your organisation to study this program (if applicable)									
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Support from you Name of organisa	tion	sation to st			this trainin	<u> </u>		epared to release		
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