

EXPRESSION OF INTEREST

Course Code: Other info (if required):	Course Information			
PERSONAL DETAILS Surname (Family Name): Given Name: Address: Phone Number: Email Address: Date of Birth: Citizenship: Australian Other:	Course Name:			
Surname (Family Name): Given Name: Address: Preferred Name: Address: Date of Birth: Citizenship: Australian Other: Aboriginal Torres Strait Islander Do you hold a concession or DVA card?: Yes No Are you currently employed? Yes No If Employed (Please Circle) FT, PT, Casual Do you require any support with: Vision Hearing Literacy Disability Access EDUCATION AND QUALIFICATION Grade Completed in High School: Year 10 Year 12 Highest Qualification received outside of School: TAFE/RTO: University: CONCESSIONAL DETAILS UNIFINISHED TRAINING DETAILS Do you have a transcript of results? Di you take out a VET Loan? Do you have a transcript of results? (Please attach). Have you submitted assessment that has not been resulted? Are you currently employed? Yes/No PT FT Cas Where do you work?. would like to express my interest in participating in the above-mentioned course. I understand this expreterest does not bind me to enrolment with Star College Australia Pty Ltd or any of its Co-provider RTOs	Course Code:	Othe	r info (if required):	
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