



EXPRESSION OF INTEREST

Course Information

Course Name:

Course Code:

Other info (if required):

PERSONAL DETAILS

Surname (Family Name) :

Given Name:

Preferred Name:

Address:

Phone Number:

Email Address:

Date of Birth:

Gender:

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

- Pensioner Concession Card Number
- Health Care Card Number
- Aboriginal or Torres Strait Islander
- Veteran

UNFINISHED TRAINING DETAILS

Course Name : Previous RTO:

Funding Source: Did 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?.....

I would like to express my interest in participating in the above-mentioned course. I understand this expression of interest does not bind me to enrolment with Star College Australia Pty Ltd or any of its Co-provider RTOs.

Name: _____ Signature _____ Date: _____