



# Expression of interest Electrical pre-apprenticeship course

**QMS  
Forms**

This course will be held at the ATC Skills Centre, 9 Craigie Street, Davenport  
For further information phone 9796 6111

## STUDENT DETAILS

Given Name (s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

I wish to complete this course because \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Attach current school report/s and resume (with details and references for part-time and/or full-time work (including voluntary work), and current sporting and other club involvement)

## PARENT/GARDIAN DETAILS (applicable if candidate is under the age of 18 years)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: (if different from above)

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SCHOOL DETAILS – current or last attended (if candidate is school aged and not attending school)

School: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## PARTICIPATION COORDINATOR DETAILS (if candidate is school aged and not attending school)

Participation Co-ordinator name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requires (Circle 1 only):    Notification of arrangement    S24    Exemption

## JOBACTIVE DETAILS (if candidate is registered with Centrelink/looking for work)

Service Provider \_\_\_\_\_

Case manager's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_