

# Expression of Interest Form

## PERSONAL DETAILS

GIVEN NAME		<input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> OR Both?
SURNAME		
DATE OF BIRTH		

## CONTACT DETAILS

MOBILE NUMBER		EMAIL	
ADDRESS			
SUBURB		PO BOX:	POSTCODE:

## SECONDARY CONTACT DETAILS

GIVEN NAME		SURNAME:	
MOBILE			
EMAIL			

### Reason for undertaking this program

Of the following Categories, which BEST describes your main reason for undertaking this program.

- To get a job
- To try for a different career
- It was a requirement for my job
- I want extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

## COURSE DETAILS

Solid Connections staff will contact you before the program commences. It is your responsibility to inform us if your contact details change.

Please contact

**Sophie Kelly**

Phone: 9194 3236 or Email: [rtoadmin3@kamsc.org.au](mailto:rtoadmin3@kamsc.org.au)

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_