

Expression of Interest

First Name		Surname		Date of Birth
Telephone Number	Mobile Number		Email Address	
Street Address		Suburb		Postcode
Are you an Australian Citizen?	If no, Country of Birth?	Do you have a Visa?	If yes, Visa type and number?	
Yes No		Yes No		

Centre Name			Director	
Centre Address			Centre Contact Number	
Position	Please Circle	Average No. of hours per week	Permanent Employment Start Date	Preferred Australian Apprenticeship Support Network (AASN) Provider
	Full time Part time			

Study Details

Year you left school	Any prior qualifications	If yes... Qualification title and code	
	Yes No	Year completed	
Course you wish to study			
Certificate III in Early Childhood Education and Care <input type="checkbox"/>	Certificate IV in School Age Education and Care <input type="checkbox"/>	Diploma of Early Childhood Education and Care (Includes Cert III core units) <input type="checkbox"/>	

Student declaration		
I declare that the information I have provided is true and accurate to the best of my knowledge. I also agree that I wish to commence a traineeship to complete my qualification		
Name	Signature	Date
Employer declaration		
As the employer I approve this expression of interest with the intention of signing this employee onto a traineeship contract for the qualification of their choice.		
Name	Signature	Date

Please email completed forms to d.butt@ctas.wa.edu.au

Office Use Only

Forwarded to AASN provider Which: _____ Date: _____ Initial: _____
 Training Contract received