



• Course Expression of Interest Form

(Local Student)

As courses require minimum student numbers we ask that students initially complete this Expression of Interest Form so we can assess the level of interest for each course.

Students will be mailed a Course Information Package which will contain course information.

APPLICANTS DETAILS

Family Name: _____
 Given Names: _____
 Male Female
 Citizenship: _____
 Home Phone: _____ Mobile: _____ Email: _____
 Address: _____ Postcode: _____

CURRENT STUDY

Are you currently studying in Australia? Yes No If Yes, where? _____
 Course name/Secondary Year Level: _____

YOUR ENGLISH PROFICIENCY (only for new Australian immigrants, new citizens or where English is your second language)

Is English your first language? Yes No If Yes, please go to "Course Preferences".
 Your IELTS Score: _____ Your TOEFL Score: _____ Other Score: _____ Please attach a copy of your score statement.
 >If you do not have an English language ranking (IELTS/TOEFL) and you wish to apply for a vocational course please contact us.<

I AM INTERESTED IN THE FOLLOWING COURSE(S)

Please indicate (tick) which course or courses you are interested in.

- | | | | |
|--|--------------------------|-------------------|-----------------|
| <input type="checkbox"/> English Proficiency IV | (Course Code 404955A). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Retail, Certificate III | (Course Code SIR30207). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Retail Fundamentals | (Course Code SIR20207). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Fashion & Photography Make-up | (Course Code WRB20204). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Floristry | (Course Code WRF20204.). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Other: _____ | (Course Code _____). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Other: _____ | (Course Code _____). | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Other: _____ | (Course Code _____). | Start Date: _____ | End Date: _____ |

YES, please contact me regarding details on course start dates when minimum class sizes are reached.

Name: _____ Signature: _____ Date: _____

PLEASE POST THIS FORM TO: REGISTRAR, PO Box 3485, Rundle Mall SA 5000.
Or you may fax this form to 8410 8938.