EXPRESSION OF INTEREST FORM

In Person
Bring enrolment form and payment to:
MSAC Institute of Training
Sports House
375 Albert Road, Albert Park
Mon-Fri 8.30am – 5.00pm

By E-mail
E-mail enrolment form to:
MSAC Institute of Training
msacinstitute@ssct.com.au
(authorisation letter or purchase order required for invoice)

By Fax
Fax enrolment form to:
MSAC Institute of Training
Fax: 03 9926 1333
(authorisation letter or purchase order required for invoice)

Course Details

Information Session Date:

Student Details

Title:	First Name:	Surname:
Postal Address:		
Suburb:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Fax:	Date of Birth:	❑ Male ❑ Female
Email:		

❑ Previous MSAC Institute of Training Student

Do you have a current drivers licence?

Do you have access to a vehicle?

SSCT Staff Members, please tick:
❑ Full-time ❑ Part-time
❑ Casual

Which Field are you interested in undertaking a traineeship in?

Sports Administration/Business ❑ Aquatics/Lifesaving ❑ Fitness ❑
Sport Retail ❑ Customer Service and Sales ❑ Sports Management ❑

How did you hear about this information session?

Are you currently employed? ❑ Yes ❑ No	Company Name:	Position:

Highest Level of Education Completed

Are you still attending Secondary School? _____ If Yes, which level? _____

If No:

What is the highest level of schooling you **Successfully** Completed?

Completed Year 10 ❑
Completed Year 11 ❑
Completed Year 12 ❑

Degree ❑
Diploma ❑
Certificate III or IV ❑

Other (Please Explain)_____

Declaration

1. I am aware that the MSAC Institute of Training may use my personal information to tell me about products and services and may disclose it to approved third parties (see our Privacy Statement). If you would like further information on MSAC Institute of Training's privacy practices, or on how to view your personal information, please contact us on 03 9926 1300.
2. I authorise MSAC Institute of Training to release information concerning my record to:
   a. any government department where legally required and providing confidentiality is assured
   b. to apprenticeship authorities and/or my employer if I am undertaking apprenticeship studies.
3. No refunds or requests for transfer to another course will apply once a course has commenced.
4. I give consent to my photograph appearing in incidental group photographs which are intended to be used by MSAC Institute of Training for marketing.
5. I am aware that courses will not be conducted if insufficient numbers of students have enrolled.

Student Signature:_____ Date: _____