

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

By Fax

Fax enrolment form to:
MSAC Institute of Training
Fax: 03 9926 1333

Course Details

Information Session Date:

Personal Details

Title:	First Name:	Surname:
Postal Address:		
Suburb:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Fax:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:		
<input type="checkbox"/> 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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Which Field are you interested in undertaking a traineeship in?		
Events & Bookings <input type="checkbox"/>	Aquatics/Lifesaving <input type="checkbox"/>	Fitness <input type="checkbox"/>
Sport Retail <input type="checkbox"/>	Customer Service and Sales <input type="checkbox"/>	
How did you hear about this information session?		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> | Degree <input type="checkbox"/> |
| Completed Year 11 <input type="checkbox"/> | Diploma <input type="checkbox"/> |
| Completed Year 12 <input type="checkbox"/> | Certificate III or IV <input type="checkbox"/> |

Please list degree or diploma completed

Declaration

- 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.
- I authorise MSAC Institute of Training to release information concerning my record to:
 - any government department where legally required and providing confidentiality is assured
 - to apprenticeship authorities and/or my employer if I am undertaking apprenticeship studies.
- I give consent to my photograph appearing in incidental group photographs which are intended to be used by MSAC Institute of Training for marketing.

Signature: _____

Date: _____