STANLEY COLLEGE

EXPRESSION OF INTEREST FORM





PERSONAL DETAILS		CONTACT DET	AILS	
Family Name:				
Given Names:		Address:		
Date of Birth (dd/mm/yy):/		Citv:		State:
Are you an Australian Citizen? Yes No		,		ry:
If No, Country of Birth?				
Do you have a Visa? ☐ Yes ☐ No				
If yes, Visa type and number?		Home/Work Phon	e: Mobi	le Phone:
		EMPLOYMENT	DETAILS	
Enter your Unique Student Identifier (USI) (If you already have o or visit www.usi.gov.au to apply for one)	ne			
HANGUE CTUDENT		Full time Po		
IDENTIFIER (USI)			ours per week:	
			Date (dd/mm/yy):/	
EDUCATION BACKGROUND				
Name of Qualification/Course	Specialisation		Month/Year Commenced	Month/Year Completed
Bachelors degree or higher				
Advanced diploma or Associate degree				
Diploma				
Certificate IV (e.g. Advanced Certificate/technician)				
Certificate III (includes Trade)				
Certificate II				
Certificate I				
Pre Apprenticeship				
Certificates or Qualifications other than above				
Have you ever participated in an Apprenticeship or T	raineeship? It so, please	provide details (including	g those commenced and not c	ompleted)
COURSE YOU WISH TO STUDY				
COURSE TOO WISH TO STOD!				
EARLY CHILDHOOD EDUCATION		_	MMERCIAL COOKERY	
CHC30113 Certificate III in Early Childhood Educator (T		SIT30616 Certificate Pathways available inc	e III in Hospitality clude: Food and Beverage (Trained	eship)
CHC50113 Diploma of Early Childhood Education Pathways available include: Early Childhood Educator (T			e III in Commercial Cookery clude: Chef (Apprenticeship)	
HEALTH			e IV in Commercial Cookery clude: Chef De Partie (Traineeship	p)
CHC33015 Certificate III in Individual Support Pathways available include: Disability Work (Traineeship) /	BUSINESS		
Aged Care Work (Traineeship) / Community Care Work		BSB30120 Certificat		
CHC43015 Certificate IV in Ageing Support Pathways available include: Aged Care Work (Trainees	hip)		de: Business Administration (Traineesh of Leadership and Manageme	nip) / Customer Engagement (Traineeship ent

Pathways available include: Manager (Traineeship)

I,
I also agree that I wish to commence an Apprenticeship or Traineeship to complete my qualification. Applicant's Signature
EMPLOYER DETAILS Legal Name: Contact Person: Position: Address: Trading Names: Home/Work Phone: Mobile Phone: ABN: Email Address:
EMPLOYER DETAILS Legal Name: Contact Person: Position: Address: Trading Names: Home/Work Phone: Mobile Phone: ABN: Email Address:
Legal Name: Contact Person: Address: Address: Home/Work Phone: Mobile Phone: Email Address: Email Emai
Legal Name: Contact Person: Address: Address: Home/Work Phone: Mobile Phone: Email Address: Email Emai
Position: Address:
Trading Names: Home/Work Phone: Mobile Phone: ABN: Email Address: EMPLOYER DECLARATION
ABN: Email Address:
EMPLOYER DECLARATION
As the employer I approve this expression of interest with the intention of signing this employee onto a training contract for the qualification of their choice
Name: Signature: Date/
FOR STANLEY COLLEGE OFFICE USE ONLY
Forwarded to Traineeship Coordinator Date:
Stanley College Staff Member Name:
Stanley College Staff Member Signature:
Notes:
Note: Please attach the organisation's business card to this form
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