



School Based Apprenticeship EXPRESSION OF INTEREST FORM

This form is to be completed when wishing to register your interest in a course proposed to be run by M P A Training

CONTACT DETAILS: School Based Apprentice.

Given Name: _____ Family Name: _____

Address: _____

Postcode: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

CONTACT DETAILS EMPLOYER

Given Name: _____ Family Name: _____

Company Name (if applicable): _____

Address: _____

Postcode: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

PRIOR EDUCATION & LEARNING

Are you still attending school? Yes No

Have they previously attended or been enrolled in a course run by TAFE or other RTO? Yes No

Have you successfully completed a prior qualification? Yes No

*If yes please indicate which one/s:

Certificate III Certificate II Certificate I Pre-Vocational course

other course

Name of Prior Qualification or course _____

Preferred day of attendance

Monday Tuesday Wednesday Thursday Friday

**Complete this form & return it to M P A Training by hand,
email: training@mpatraining.com.au or fax (02) 9749 7881**

PLEASE NOTE: Submitting this form does not guarantee a place in the course.