



Industry training application

Personal details			
Name:		Gender:	
Date of birth:		Age:	
Address:			
Email:		Phone:	
Medical conditions:			
Emergency contact name:			
Emergency contact number:		Relationship to you:	

Trainees are not insured through the Department of Education.
Contact your course provider for insurance details.

Industry training			
Preferred month: (Please rank selection 1-4)	<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September
	<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
	<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November
	<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December
Please specify dates (if known)			
Preferred location:	<input type="checkbox"/> South metropolitan		<input type="checkbox"/> North metropolitan
	<input type="checkbox"/> Country	Country venue:	
Course provider:	<input type="checkbox"/> AUSTSWIM	<input type="checkbox"/> SCTA	<input type="checkbox"/> RLSSWA
Documentation – I have attached copies of the following:			
	Online theory acknowledgement from my course		
	Current CPR qualification		
	Department of Education Nationally Coordinated Criminal History Check (18 years or older)		
	Working with children card or receipt of application (18 years or older)		
All documentation must be provided to process application Send all documentation to: Interm-metro@education.wa.edu.au			