



CAIRNS

State High
The best we can be.

External Course Expression of Interest Form

Course Name <small>(inc qual. level)</small>			
First Name		Surname	
USI No <i>(if known)</i>		LUI No. <i>(if known)</i>	
Date of Birth		Gender	
Residential Address			
Suburb		Postcode	State
Home Phone		Mobile	
School Email			
Parent Name		Parent Mobile	
Parent Email			
I am (please tick as appropriate)			
Australian Indigenous Aboriginal or Torres Strait Islander		Australian Citizen	
Australian Permanent Resident (permanent visa)		Resident of Queensland	
New Zealand Citizen		Commonwealth Health Care or Pension Card	
Single and Teenage parent initiative?		A registered Job Seeker	
Have you successfully COMPLETED any of the following qualifications? (please tick) If Yes, please tick qualifications obtained and outline Qualification below.			
Certificate I		Diploma	
Certificate II		Advanced Diploma	
Certificate III or Trade Certificate		Bachelor Degree	
Certificate IV		Any other Certificate	
Are you currently still undertaking this Qualification?			
Name of Qualification			

Proof of Identity

Please Note: Certified proof of identity to prove appropriate resident status will be required (sighted and a copy taken) by a representative of the Course provider upon enrolment into any Qualification.

Declaration

- I declare that the information provided to in application for study is to the best of my knowledge, true, correct and complete at the time of my application.
- I authorise the RTO to check all available records to confirm that information provided is correct, particularly pertaining to my eligibility for VETiS funding.
- I understand that the RTO, at its discretion, may share my personal information with my employer (if undertaking a government funded training) and/or with my parents/guardians (if under the age of 18).
- I understand that the RTO will not provide or disclose to any other outside parties my personal information without my consent. However, if required by law then the information will be released.

Applicant Signature	
Guardian Name	
Guardian Signature	

www.cairnsshs.eq.edu.au

Cnr Sheridan & Upward Streets, Cairns, Queensland • P.O. Box 5643, Cairns, Qld Australia 4870
Telephone: +61 7 4050 3033 • Facsimile: +61 7 4051 5972 • Email: principal@cairnsshs.eq.edu.au

The Department of Education and Training trading as Education Queensland International (EQI) CRICOS Provider Number 00608A.

