Queensland
Expression of Interest Form

Please select your delivery preference

☐ Online
☐ Classroom (Face to Face)

If Classroom please indicate your location _____

First name		Last name			
Date of birth		Gender			
Address					
Suburb		Postcode		Mobile	
Email					
Course interested in	☐ CHC33015 – Certificate III in Individual Support ☐ CHC43115 – Certificate IV in Disability ☐ CHC43015 – Certificate IV in Ageing Support ☐ CHC43315 – Certificate IV in Mental Health ☐ CHC43515 – Certificate IV in Mental Health Peer Work ☐ HLT33015 – Certificate III in Allied Health Assistance ☐ HLT43015 – Certificate IV in Allied Health Assistance				
Eligibility	☐ I am aged 15 years or older				
	☐ I am no longer attending school				
	☐ I permanently reside in Queensland				
	☐ I am an Australian citizen or Australian permanent resident (includes humanitarian entrant) or temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen				
	Yes ☐ No ☐ Do you hold or are enrolled in, a certificate III or higher-level qualification, not including qualifications completed at school and foundation skills training?				
	Yes ☐ No ☐ Do you hold or are enrolled in, a certificate IV or higher-level qualification, not including qualifications completed at school and foundation skills training?				
	Yes ☐ No ☐ Do you have a valid concession/health care card?				