



EXPRESSION OF INTEREST

<p>ABOUT THIS FORM</p> <p>By completing this form you will be placed on the 'Expression of Interest Register'</p> <p>If you require assistance completing in this form please Phone 08 8273 7200 or email student.enquiries@ahcsa.org.au</p>	<p>Where did you hear about us:</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Website/Google</p> <p><input type="checkbox"/> Information session</p> <p><input type="checkbox"/> Workplace</p>
<p>RETURNING THIS FORM</p> <p>Email student.enquiries@ahcsa.org.au</p> <p>Fax 08 8273 7299</p> <p>Mail GPO Box 719, Adelaide SA 5001</p> <p>Hand Deliver 220 Franklin Street, Adelaide SA 5000</p>	

PLEASE NOTE: You must complete ALL SECTIONS of this form or you will not be placed on the register

PERSONAL DETAILS

<p>Family name</p> <input type="text"/>	<p>Given names</p> <input type="text"/>
<p>What is the address of your usual residence?</p> <input type="text"/> <input type="text"/> <input type="text"/> <p style="text-align: right;">Postcode</p>	<p>Mobile or Home Phone</p> <input type="text"/>
	<p>Work Phone</p> <input type="text"/>
<p>Email</p> <input type="text"/>	

Are you of Aboriginal or Torres Strait Islander origin?

No
 Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander

Please list below your qualifications, date and Institution where you completed your studies

QUALIFICATION TITLE	DATE COMPLETED	INSTITUTION

Please attach a separate page if you would like to submit additional information

EMPLOYMENT DETAILS

What is your current employment status?

Unemployed
 Full Time
 Part Time
 Casual

Employer Organisation / Company

What is your position title?

COURSE SELECTION

Please tick below which course you are interested in:

HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
 HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice
 HLTAHW020 Administer Medications
 Aboriginal Health Practitioner Transition Program