Document Title:	Document Code:	OPP-FRM
DTO IS Expression of Interest Form Cosual Employed	Date:	15/8/2023
RTO JS Expression of Interest Form – Casual Employed	Status/Version:	V1

RTO JS Expression of Interest Form – Casual Employed

Qualification Code and Title: CHC33021 Certificate III in Individual Support

Personal Details								
Given Name:	:			Surname:				
Contact Phone:				Date of Birth: (If under 18, paren consent required)	ntal			
Contact Email:	il:			USI:				
Employer:				Current Role:				
Employment Status:	☐ Casual		Hours Employe Per Week:	ed				
Are you an Australian Citizen?		 ☐ Yes - please provide evidence with this application e.g. birth certificate, permanent residency letter ☐ No - please provide a copy of your Visa with this application, Avidity will check eligibility and advise 						
Do you have a current USI Transcript with QR code valid for at least 3 months?		☐ Yes - please provide a copy with this application If no - please download and provide a copy with this application						
Do you have regular access to email and a computer?			□ Yes □ No					
Program delivery information This is generally a 10-12-month program. However, you may complete earlier if you have already completed units elsewhere or by agreement provided you have met the requirements for the qualification.								
Select location			Program commitment					
Burnie commences 12.09.23 Launceston commences 12.09.23 Devonport commences 13.09.23 Hobart (Aged Care) commences 19.09.23 George Town (Aged & Dis) commences 19.09.23 St Helens commences 19.10.23			 14 x weekly face to face classroom sessions 2 x workplace visits (day and time as agreed) Workplace log book Self-paced Learner guide/e-Learning 					
You will receive a qualification outline once you have submitted this Expression of Interest. Please request it from admin@avidity.com.au if you would like this sooner. This program is fully subsidised by the Australian & Tasmania governments. No other subsidies apply.								
☐ I agree for my Employer and Avidity Training and Development to be able to share my information for the purposes of maintaining accurate records.								
Applicant Signature:					Date:			

Please email this completed form to admin@avidity.com.au