



APPLICATION FORM

PROGRAM OF INTEREST: _____

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Telephone No: _____ Mobile No: _____

Email: _____

Date of Birth: _____

Are you of Aboriginal or Torres Strait Islander origin: Yes No

Gender: Male Female

School Status: Currently at school

Left school

Highest level of education achieved to date: _____

General Health: Excellent Good Poor

Any medical condition that may affect your ability during training: Yes No

If yes, give details below:

To return (email, fax or post):

Email to: trgskls@gtsw.com.au

Fax: 08 9791 3328

Post: PO Box 6051 SOUTH BUNBURY WA 6230