

EXPRESSION OF INTEREST

to undertake a traineeship

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Section I: EMPLOYER to Co	mplete - Business Det	ails		PREFERRED AAC:
Legal/Entity Name:		_ ABN:		☐ MRAEL
Trading Name:		Name of Contact Person:		☐ MEGT
Postal Address:				☐ Busy at Work☐ Any AAC/I have no
Workplace Address: Wo		_ Workplace Ph Number:		*
Email Address:		No. of Employees :		•
No. of Supervisors with a Certifica	ate III or higher:			
Section 2: APPLICANT to C	omplete - Personal De	tails		
Name:				
Mobile:	SEX M/F	- Dana of District		
		E: Date of Birth:	//_	
Email Address:				
Residential Address:				
Suburb:		Postcode:	Curr	ent Year Level:
If a school student , Name of Sch	nool:			
If under 18 Parent/Guardian: Na	me:			
Parent/Guardian: Email Address	s:			
Parent/Guardian: Mobile #:				
Citizenship 🗆 Australian Citizen/Perr	m Resident 🗆 New Zeal	and Passport Holder 🗆 Other_		
Country of Birth:				
Employment Start Date:				
Employment Status: F	ull TimePart Tim	ne School-based No.	Hou	rs I ² /W:
Section 3: APPLICANT to C	omplete Previous/Cu	rrent Training Tr	aining wanting to e	enrol in:
Highest level of school Complete	d: - Month & Year: _		Certificate III in I	• •
Did you commence a Traineeship	or Apprenticeship while a	chool? No Yes. School based or New Worker (UC) Existing worker (C3G)		
Are you still at school? ☐ No ☐ `	Yes.		☐ RPL (C3G)	er (C3G)
Since leaving school have you <u>Co</u>			Certificate III in Co	mmercial Cookery
What is the name of your highest COMPLETED Qualification:			Certificate IV in He Level Skills)	ospitality RPL (Higher
When did you complete this Qualification/				ality RPL (Higher Level
Are you presently enrolled in any	studies UNO UYes. If Y	=S, what?	Skills)	, , ,
Section 4: APPLICANT to C	omplete / Additional I	nformation		
Proficiency in English	Indigenous Status	Disability	Study Reason	
☐ Very good	☐ Aboriginal	☐ Hearing/Deaf	☐ To get a job	
Good	☐ Torres Strait Islander	☐ Physical		existing business
□ Not Good	□ Both	☐ Intellectual	☐ To start my ow☐ To try for a diff	
☐ None - Cannot speak English	⊔ iveitner	☐ Learning☐ Mental Illness	•	job or promotion
Language (spoken at Home):		☐ Acquired Brain Impairment	☐ It was a require	ement of my job
		☐ Vision	☐ I wanted extra Skills for my job☐ To get into another course or study	
Do you have a Health Care Card or a Concession Card				other course or study nterest or self-developmen
□ No □ Yes		_ 50101	☐ Other	
We, the employer and applica including the applicable Depa	rtment of Education and	ure presented to us & viewable Training Contribution, Studer d on behalf of the student by t	nt Contribution, a	RedmakoFees nd Employer Contribution

Date:____

Employer's Signature:_____ Applicant's Signature:____