# RTO JS Expression of Interest Form

**Qualification Code and Title: CHC33021 Certificate III in Individual Support**

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| **Personal Details** | | | | | | | | |
| **Given Name:** |  | | | **Contact Number:** | |  | | |
| **Surname:** |  | | | **USI:** | |  | | |
| **DOB:** |  | | | ***(If under 18, parental consent required for enrolment)*** | | | | |
| **Contact Email:** |  | | | | | | | |
| **Are you fully vaccinated for COVID-19, including booster/s?** | | | Yes  No | *Please provide a copy of your vaccination certificate* | | | | |
| **Do you have a current Working with Vulnerable People Card?** | | | Yes  No | *Please provide a copy* | | | | |
| **Do you have a current Police Check (within 3 months)?** | | | Yes  No | *Please provide a copy* | | | | |
| **Do you have a current driver’s licence?** | | | Yes  No | *Please provide a copy* | | | | |
| **Are you an Australian Citizen?** | | | Yes  No | **Are you an Australian Citizen?**  *If yes, please provide evidence e.g. birth certificate, permanent residency letter*  *If no, please provide a copy of your Visa, Avidity will check eligibility and advise* | | | | |
| **Do you have a current USI Transcript with QR code valid for at least 3 months?** | | | Yes  No | **Do you have a current USI Transcript with QR code valid for at least 3 months?**  *If yes, please provide a copy*  *If no, please download and provide a copy* | | | | |
| ***If you cannot provide the documentation listed above, you are not eligible for this program.*** | | | | | | | | |
| **Preferred Location of Program delivery:** | | **Georgetown 05.09.23** | | **Do you have regular access to email and a computer?** | | | | Yes  No |
| **Availability for work placement:** | |  | | | | | | |
| **How did you find out about the program?** | |  | | | | | | |
| I agree for my *(****please circle which best applies to you****)* **Job Active, Employer or Launchpad** and Avidity Training & Development to be able to share my information for the purposes of maintaining accurate records. | | | | | | | | |
| **Name of Job Active:** | |  | | | | | | |
| **Applicant Signature:** | |  | | | **Date:** | |  | |

**Please email this completed form to** [**admin@avidity.com.au**](mailto:admin@avidity.com.au)