



## All States Qualification- Expression of Interest Form (EOI)

Date:

Business Name:  Location

Store Manager:  Manager Contact#

### Personal Details

First Name:  Last Name:

Date of Birth:  Age:  Phone:

Email:

Are you an Australian Citizen/Permanent Resident? Yes  No

Are you currently enrolled in another Apprenticeship or traineeship? Yes  No

If yes, what?  When do you expect to complete it?

Do you attend school? Yes  No

If yes, what school do you attend?

Have you completed a School-based Apprenticeship or traineeship before? Yes  No

If yes, what?  When did you complete it?

Are you currently working? Yes  No

If yes, when did you start?

How many hours in a week do you generally work?

Thank you, please return this questionnaire to:

**Jane Hopkins or Andrea Barclay** email: [enquiries@fir.edu.au](mailto:enquiries@fir.edu.au) PH: 1300 001 826