

EXPRESSION OF INTEREST FORM

PERSONAL INFORMATION

Full Name :

Date of Birth : _____ / _____ / _____

Gender : Male Female Non - Binary Prefer not to say

Do you identify as : Aboriginal and/or Torres Strait Islander Person with a disability Culturally and linguistically diverse LGBTQI+

Languages spoken : _____

Address : _____

Phone Number : _____ E-Mail : _____

School : _____

Qualifications being studied : Certificate II - Health Support Services Certificate III - Health Services Assistance Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care Certificate III in Allied Health Assistance Certificate III in Dental Assisting
 Certificate III in Health Administration Certificate III in Health Support Services Certificate III in Pathology Assistance
 Certificate III in Pathology Collection Other Please specify: _____

Ability to travel/access to transport : Yes No

Preferred setting : Hospital Aged Care Private Practice Community Care Home Care Other Please specify: _____

Health disciplines of interest for School Based Traineeship or work experience : _____
: _____
: _____

Signature

_____/_____/_____
Date

Please return completed form to:

✉ gateway@checkup.org.au