

**Expression of Interest**

**COVID Clean Training**

By completing this form I acknowledge that I have received and read through the information provided to me in the following documents:

* Australian Workplace Training Student Handbook
* Australian Workplace Training Information Booklet
* Course Flyer – COVID Clean Training

|  |  |
| --- | --- |
| **First Name:** | Click here to enter your First Name |
| **Last Name:** | Click here to enter your Last Name |
| **Date of Birth:** | Click here to enter your Date of Birth. |
| **Phone Number:** | Click here to enter your phone number. |
| **Email:** | Click here to enter your email address. |
| **Course** | Choose a course from the list provided |

If you would like us to check your eligibility for WorkReady subsidies please complete the questions on the next page. Please be advised that:

* We will only enrol you in one of the COVID Clean Skill Sets

I acknowledge that all the information I have provided is true and correct.

I understand that this training will be undertaken via an e-learning study mode comprising a combination of online theory study and practical tasks that I will need to complete and have signed off in my workplace

Any false or misleading information can lead to my application being cancelled and/or being removed from the course.

|  |  |
| --- | --- |
| **Signature:** Please enter name here | **Date:** Select Date: |

Please email your completed form with a copy of your ID to [enrolments@awt.edu.au](mailto:enrolments@awt.edu.au)

**COVID Clean Training**

**Eligibility Checklist**

**Eligibility Criteria:**

|  |  |
| --- | --- |
| Do you live or work in South Australia? | Please Select: |
| Are you aged 16 years or older? | Please Select: |
| Are you registered with a secondary school (high school)? | Please Select: |

|  |  |  |
| --- | --- | --- |
| Were you born in Australia? | | Please Select: |
| I am a | Choose from the following: | |

*If you were not born in Australia you will need to provide supporting documentation to demonstrate your Australian citizenship, permanent residency and/or visa status. Please provide us with your* ***Citizenship certificate, Passport, Immicard or Documents for Travel to Australia***

**Have you completed any of the following qualifications (obtained in Australia)?**Please tick all that apply:

|  |  |  |
| --- | --- | --- |
| SACE/Completed High School | Certificate III | Advanced Diploma |
| Certificate I | Certificate IV | Bachelors Degree or Higher |
| Certificate II | Diploma | I do not have any qualifications |

|  |  |  |
| --- | --- | --- |
| **Are you currently Employed?** | | Please Select: |
|  |  | |
| If Yes, |  | |
| Employer: | Please type in the name of your Employer/Company | |
| Suburb: | Please type in the suburb for your place of employment | |
| Postcode: | Please type in the postcode for your place of employment | |
| Industry: | Choose the Industry of your Employment from the list provided | |
| Are you… | in a Customer-facing Role | |
|  | the Business Owner | |
|  | a Supervisor within the business | |