

## APPLICATION FORM FOR COMMUNITY INFORMATION WORKERS COURSE

<b>Applicant Details</b>				
Title	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>
First / Christian Name				
Family Name / Surname				
Date of Birth		Gender	<i>Male</i>	<i>Female</i>
Address	Suburb			
	Postcode			
Home Phone		Mobile		
Business Phone		E-mail		

<b>Agency Details</b>			
<i>You must be volunteering at a Community Information Centre to be eligible.</i>			
Agency			
Contact Name		Contact Phone	
Address	Suburb		
	Postcode		

<b>Where did you find out about his course?</b>				
<i>Friend</i>	<i>Agency</i>	<i>Employment</i>	<i>Website</i>	<i>Other</i>

<b>Do you have basic computer skills in Word Processing, Internet &amp; Email?</b>	<i>Yes</i>	<i>No</i>
<b>Do you have any difficulty with the English language?</b> <i>(Reading, Writing, or Speech)</i>	<i>Yes</i>	<i>No</i>

<b>Medical Conditions</b>			
<i>We endeavour to provide support for students with special needs. Failure to indicate a disability may hinder our ability to assist you, and may incur additional costs.</i>			
<b>Do you have any of the following medical conditions?</b>			<i>Yes</i>
Acquired Brain Injury	Hearing	Intellectual	<i>No</i>
Mental Illness	Physical	Vision	<i>Learning</i>
<i>Please provide details of any medication you are currently taking. You may choose to leave an emergency supply with our First Aid person.</i>			

<b>Signature and declaration</b>			
I hereby declare that the information in this application is complete and accurate.			
Signed		Date	

<b>Course fills quickly; please return this application form as soon as possible to avoid disappointment:</b> bestchance Training 583 Ferntree Gully Road, Glen Waverley, 3150 Fax: 8562 5111 Email: <a href="mailto:trainingadmin@bestchance.org.au">trainingadmin@bestchance.org.au</a>
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