Expression of interest form

YWCA Canberra provides quality training in a supportive learning environment. If you are interested in training with YWCA Canberra, please complete **all** areas of this form. Once submitted, our training team will be in touch.

Note: if your chosen course is not currently being offered, we will place you on a wait list and contact you when it is next offered.

# Your details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Your first name | | Middle name | | Your middle name, if any | | |
| Last name | Your last name | | Preferred name | | Your preferred name, if any | | |
| Date of birth | Date of birth | | Gender | | man  woman non-binary | | |
| Home phone | Your home phone number | | Mobile phone | | Your mobile number | | |
| Email address | Your email address | | | | | | |
| Residential address | Your street addres | | | | | | |
| Suburb/town | Your suburb/town | State/territory | | Your state/ territory | | Postcode | Your postcode |
| Postal address | same as residential address  Your postal address if different to residential | | | | | | |
| Suburb/town | Suburb or town | State/territory | | State or territory | | Postcode | Postcode |

## What course do you want to enrol in?

BSB51918 Diploma of Leadership and Management

BSBSS00095 Cross-sector Infection Control Skill Set (available until 15/03/2022)

CHC30113 Certificate III in Early Childhood Education and Care

CHC50113 Diploma of Early Childhood Education and Care

Please submit this form to [training@ywca-canberra.org.au](mailto:training@ywca-canberra.org.au)

If you have any questions, call the Education and Training Unit on 02 6185 2000.