



Training and Development Provider

Semester 1, 2011 Expression of Interest

(THIS IS NOT YOUR ENROLMENT FORM)

FOR SCHOOL REFERENCE ONLY

DO NOT SEND THIS FORM TO INAP

Surname: _____

First Name: _____

School: _____

VET Coordinator: _____

Year Level: _____

Home Group: _____

Contact Address: _____

Contact Phone No: _____

Mobile No: _____

VET Course Choice 1: _____

VET Course Choice 2: _____

VET Course Choice 3: _____

1. Complete all details of this Expression of Interest form.
2. Please give to your school Vocational Education and Training Coordinator.
3. You may express interest in a course at any time, but you must ensure that you enrol in that course during that school's subject counselling program.
4. Completing this form in no way commits you to enrol.
5. Enrolment in your chosen course can only happen through the normal processes at your school.

VET Coordinator Note:

VET Coordinators – please photocopy this form

Enrolments will only be accepted on the INAP Enrolment Form