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?

BSB50420 Diploma of Leadership and Management

CHC30121 Certificate III in Early Childhood Education and Care

CHC50125 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.