

# Expression of Interest Form

Please fill in this expression of interest form and send it to [study@rgit.edu.au](mailto:study@rgit.edu.au) or fax it to (03) 8639 9001.

Course you are interested in:			
Your Personal Details			
Name:			
Home Address:			
Town / City:		State:	
		Postcode:	
Phone Number:		Mobile:	
Email:			
Date of Birth*:		*must be at least 15 years old at course start date	
Citizenship Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other:		
Do you have a healthcare card:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest qualification:		Year:	
Name of School:			
Employment status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		
Number of hours per week:			