

School Based Traineeships



australian retail college
a first impressions resources company

Expression of Interest form

Certificate III in Business (retail units)

Date:

Business Name: Location:

Store Manager: Manager Contact #:

Personal Details

Full Name:

Email:

Date of Birth: Age: Phone:

Are you an Australian Citizen/Permanent Resident? Yes No

Are you currently enrolled in another School-based Apprenticeship or traineeship? Yes No

If yes, what? When do you expect to complete?

Have you completed another School-based Apprenticeship or traineeship? Yes No

If yes, what?

Are you currently working in retail? No Yes

If yes, where? And when did you start?

How many hours in a week do you generally work? Current grade at school:

School you attend:

School Contact Name

Phone number: Email:

Are you able to do paid work 1 day per week during school hours? Yes No Unsure

If yes, what day(s)?

What other availability to work do you have? (i.e weekends)

Thank you

Please return this questionnaire to your school contact **or** store manager **or** email michelebosevski@fir.edu.au **or** fax to (07) 3844 1282.

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ACN: 071 952 915 | PROVIDER CODE: 0826

Email: enquiries@fir.edu.au | Website: www.fir.edu.au