

EXPRESSION OF INTEREST

Please complete the following form and send it through to info@tacticlearning.com

Applying for:

- ☐ Cert III in Health Service Assistance - 1 year program
- ☐ Cert IV in Preparation for Health & Nursing Studies - 1 year program - Year 12
- ☐ Cert IV in Preparation for Health & Nursing Studies - 2 year program - Year 11/12
- ☐ Health Science Pathway Program - Dual Qualification - 2 year program - Year 11/12
Cert III in Health Service Assistance
Cert IV in Preparation for Health & Nursing Studies

Student Details

First Name:

Surname:

Date of Birth:

Address:

Phone Number:

School:

Email:

Criteria (please tick if you can confirm):

- ☐ Have you got access to a laptop/tablet and internet at home?
- ☐ School report attached showing min C grade in year 10 Maths, Science, and English
- ☐ Evidence of NAPLAN/ OLNA attached
- ☐ I understand that I am required to put in additional time each week study time during this course
- ☐ I am happy for the RTO to share my results and certificate with my school VET Coordinator

Parent Details

First Name:

Surname:

Email Address:

Phone Number:

Parent Signature:

I Understand the following:

☐

A \$500 deposit will be due shortly after enrolment

☐

The remainder of fees will be due when the student starts class. (Term 1)

☐

Students are required to put in 1-3 hours a week study time during this course

☐

Do you give permission for photos of your child to be used in social media posts?

Student Support:

Are there any health or literacy support that this student will need whilst studying with us?
Please provide info on any physical, mental, emotional, language, literacy, or numeracy support required.

VET Coordinator Details:

Name:

Email:

