

# SSP Expression of Interest Form – Individual

UNE Partnerships abides by the Privacy Statement of the University of New England as outlined under Privacy at [www.une.edu.au](http://www.une.edu.au).

Which UNE Partnerships qualification would you like to study? \_\_\_\_\_

Why do you want to gain this qualification? \_\_\_\_\_

What do you hope to get out of this training? \_\_\_\_\_

Who else would benefit from you gaining this qualification? \_\_\_\_\_

How would you like to study? (please tick)  Distance  Face-to-face  Either

## Personal Information

Title \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Preferred name \_\_\_\_\_

Postal Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Residential Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

Male  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Country of Birth \_\_\_\_\_

Are you a job seeker? (please tick)  Yes  No

Are you an existing worker? (please tick)  Yes  No If yes, please provide employment details:

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Send completed form to Tracy Wilson  
F: 02 6772 5230 ■ E: [tracy.wilson@unep.edu.au](mailto:tracy.wilson@unep.edu.au)

