GOVERNMENT OF WESTERN AUSTRALIA

WEST COAST TAFE
SAFETY-NET APPLICATION FORM
Semester 1, 2010

WEST COAST TAFE
Get it right

NOTES:
1. Full time applications made via the West Coast TAFE Safety-Net Application Form will be accepted from 14 November 2009.
2. Full time safety-net applications will be processed at the completion of the second round offers conducted by TAFE Admissions on 4 February 2010.
3. Please ensure to attach photocopies of any school reports and/or qualifications, and return to West Coast TAFE Student Administration Centre.

Personal Details ** indicates mandatory field*

***Title** ***First Name** ***Surname**

***Date of birth** (D D M M Y Y) ***Gender (M/F)**

***Unit No.** ***Street No.** ***Street Name**

***Suburb** ***Postcode**

***Telephone (home)** **Telephone (work)** **Telephone (mobile)**

***Email Address**

Citizenship/Residency Status (Please tick the appropriate box)

☐ Australian/New Zealand Citizen ☐ Australian Permanent Resident ☐ *Australian Temporary Resident

*NOTE: If you do not have a visa subclass 309, 310, 457 (secondary holder, 785, 820, do not use this form. Contact Education & Training International on 9218 2100

Course preference

	Course Code	Course Name	Course Type (tick only one box)	
1			☐ Full-time	☐ Part-time
2			☐ Full-time	☐ Part-time

Secondary Education (Please tick appropriate box and attach copies of reports)

☐ Less than Year 10 ☐ Year 10 ☐ Year 11 ☐ Year 12

Other Studies (List any other completed post secondary studies you have undertaken. ie, TAFE, UNI and short courses – please attach proof)

Work Experience (please summarise or attach a list of your work experience)

Declaration and signature

I declare that all the information I have provided is true and complete in all respects.

Signature: _____

Date: DD / MM / YYYY

Once you have completed this form please return it to West Coast TAFE by:

Mail
West Coast TAFE
Att: Student Admin. Centre
Locked Bag 7
JOONDALUP WA 6919

In Person
West Coast TAFE
Student Admin. Centre
Building 'A' – East
35 Kendrew Crescent
JOONDALUP WA 6027

Fax
08 9233 1066

OFFICE USE ONLY			Applicant Notified
Applicant successful	YES	NO	Date: DD / MM / YYYY Contacted by: