



SHL APPLICATION FORM

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Sex: Male Female

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Please circle applicable (Aboriginal / Torres Strait Islander) Origin Yes No

Disability: _____

_____ Country of birth _____ Country of Citizenship _____ Language spoken at home

COMPLETED school level: Year 12 Year 11 Year 10 Year 9 Date: _____

Prior Qualifications/Certificates:	Date Achieved
_____	_____
_____	_____

_____ Signature _____ Date

NOTE: The information requested in this form will be used by DET for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for those purposes.

Office Use Only:

Verbal Comprehension VT1.1 Numerical Computation NT2.1

Mechanical Comprehension MT4.1 Spatial Recognition ST8.1

Applicant successful for Cert I Introduction to the Electrical Trade

Yes No Course Start Date: _____