



KAMS

Kimberley Aboriginal Medical Services LTD

"An Organisation of Aboriginal people, for Aboriginal people, controlled by Aboriginal people"

EXPRESSION OF INTEREST FORM

ABORIGINAL HEALTH WORKER TRAINING PROGRAM



NAME: _____

Registered Training Organisation 4386
12 Napier Terrace, PO Box 1377, Broome WA 6725
Phone: (08) 9194 3200
Fax: (08) 9194 0349
Email: rtocoordinator@kamsc.org.au





KAMS

Kimberley Aboriginal Medical Services LTD

"An Organisation of Aboriginal people, for Aboriginal people, controlled by Aboriginal people"

COURSE CODES:

HLT30113 - Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care

HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care and Practice

Please note that the above qualifications have been developed for Australian Aboriginal and Torres Strait Islander people only, who are 18 years and over.

PERSONAL DETAILS			
GIVEN NAME	SURNAME	DATE OF BIRTH	MALE OR FEMALE
Are you Aboriginal? <input type="checkbox"/> Are you Torres Strait Islander? <input type="checkbox"/> OR Both? <input type="checkbox"/>			
What Certificate are you interested in completing?		HLT30113 - Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care <input type="checkbox"/>	HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice <input type="checkbox"/>

CONTACT DETAILS			
MOBILE NUMBER			
EMAIL			
STREET NUMBER			
SUBURB	PO BOX:		POST CODE:
Please provide below contact details for second contact person, in case we cannot contact you on the details provided			

SECONDARY CONTACT DETAILS	
GIVEN NAME	SURNAME:
MOBILE	
EMAIL	

COURSE DETAILS
<p>RTO staff will endeavour to contact you before course commencement. It is your responsibility to inform the RTO Team if your contact details have changed.</p> <p>Your course acceptance will be determined after interview and assessment process has taken place.</p> <p>Please contact, Courtney Fairfull Phone: (08) 9194 3282 Email: rtocoordinator@kamsc.org.au</p> <p>Print Name: _____ Please Sign: _____</p>