

## **CERT IV INSTRUMENT MAKING & REPAIR APPLICATION FORM**

## MATURE AGE APPLICANT

Full Name					
Address					
Telephone	Mobile		Age	Date of Birth	
Email Address					
Country of Birth	y of Birth Country of Secondary/Tertiary Education				
Successful completion of VCE/VCAL Senior or equivalent (please circle)			Yes	No	
Year of completion of VCE/VCAL Senior or equivalent			ATAR/ENTER/TIER Score		
TAFE/University courses	undertaken - Full course title	e/s			
TAFE/University Results	(please circle)	Course Completed	Course In	complete	
Highest Qualification atta	ained				
Last Secondary School a	ttended				
Employment History					
Other Relevant interests,	/experiences/short courses				
How did you hear about	Instrument Making & Repair?				
Please select which qual	ification you are interested in	studying			
O 22306VIC Certificate	e IV in Musical Instrument Mak	king & Repair			
Why do you wish to app	oly to Instrument Making & Re	epair?			

Please return completed application to the Enrolment Officer via email, fax or post to NCAT, PO BOX 8041, Northland 3072. Upon receipt of application we will contact you by mail to arrange an interview. This will focus on assessing your suitability for a position in this course and answering any questions you may have about the program. You will also have an opportunity to view our facilities at this time. Interviews commence in August.