

CERTIFICATE IV INSTRUMENT MAKING & REPAIR APPLICATION FORM

Full Name				
Address				
Telephone	Mobile	Age	Date of Birth	
Email Address				
Country of Birth	Country of Secondary/T	ertiary Educat	on	
Successful completion of VCE/VCE VM/	VCAL Senior or equivalent	Yes	No	
Year of completion of VCE/VCE VM/VCAL Senior or equivalent		ATAR/ENTER/TIER Score		
TAFE/University courses undertaken - Fu	Ill course title/s			
TAFE/University Results	Course Completed	Course Ir	complete	
Highest Qualification attained				
Last Secondary School attended				
Employment History				
Other Relevant interests/experiences/sho	rt courses			
How did you hear about Instrument Mak	ing & Repair?			
Please select which qualification you are	interested in studying			
O 22564VIC Certificate IV in Musical In:	strument Making & Repair			
Why do you wish to apply to Instrument	Making & Repair?			

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.