

# AMEP-SLPET Program Application Form

**Please print in BLOCK LETTERS**

Please complete this form and bring it with you to the enrolment day with a pen.

Date:	AMEP ID No:	AMEP hours left:
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**Personal details**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
First name:
Last name:
Date of birth:

**Contact details**

Address:	
	Postcode:
Mobile number:	Home phone number:
Email address:	

**Course details**

Course applied for:	
Location:	
Name/Place of English College where you studied English:	
English level you are in or have completed:	
Occupation in your country:	How many years experience do you have in that occupation?
What work would you like to do in Australia?	
Why would you like to do this course? Please be specific:	
Do you have a car and do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live near public transport? <input type="checkbox"/> Yes <input type="checkbox"/> No

**What are your plans for the next 6 months? Please tick:**

<input type="checkbox"/> Full-time study	<input type="checkbox"/> Full-time work	<input type="checkbox"/> Looking for a job
<input type="checkbox"/> Part-time study	<input type="checkbox"/> Part-time work	<input type="checkbox"/> More English

**Do you require childcare? If so, we provide childcare for children who are under 5 years old.**

1. Child's first name:	Last name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:
2. Child's first name:	Last name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:
Is your child currently attending a childcare centre? Which one?	
Childcare required from (Date):	