



MURRAY HUMAN SERVICES Inc
Training and Education

Registered Training Organisation TOID: 21080 (VIC) 427410 (NSW)

P.O Box 1 ECHUCA Vic 3564

Phone: 0354806611 Fax: 03 54826708



rto@murrayhumanservices.org.au www.murrayhumanservices.org.au

MHS Inc. Training and Education Student Application Form

Candidates should fill out this form and return by:

Mail: Manager- Training and Education

Murray Human Services Inc.

P.O. Box 1 ECHUCA VIC 3564

Fax: (03) 5482 6708

Email: rto@murrayhumanservices.org.au

COURSE CHOICE (please tick)

- | | |
|--|--|
| <input type="checkbox"/> Certificate II Community Services | <input type="checkbox"/> Certificate IV in Alcohol and Other Drugs Work |
| <input type="checkbox"/> Certificate III in Disability Work | <input type="checkbox"/> Diploma of Disability Work |
| <input type="checkbox"/> Certificate IV in Disability Work | <input type="checkbox"/> Diploma of Community Services (Case Management) |
| <input type="checkbox"/> Certificate IV in Mental Health Work (non-clinical) | <input type="checkbox"/> Diploma of Alcohol and other Drugs Work |

YOUR DETAILS

Given name(s): _____ Surname: _____

Gender: (Please tick) Male Female

Date of Birth: ____/____/____ Age: ____

CONTACT DETAILS

Daytime phone number: _____

Fax number: _____

Email address: _____

Home address: _____

Postal address: _____

Do you identify as Indigenous person or member of a specific cultural group? (Please circle) Yes No
 If yes, please explain:

YOUR WORK AND EXPERIENCE

Organisation you work/volunteer for:

Name: _____ Location: _____

Employment Type: (Please circle) N/A Full Time Part Time Casual

List your **present occupation and duties**. Please provide your title and a basic description of what you do. If you are currently a volunteer, outline your current duties.

Write a short summary about the **practical experience** you have had working with people in the Community Services field.

Outline the reasons **why you would like to participate** in one of the Community Services training programs.

Describe how **you think the Community Services training will assist your work in the future**. If possible, please indicate how you might apply what you hope to learn on the program.

How did you hear about this training?

PRIOR EDUCATION/TRAINING/SKILLS RECOGNITION

Highest level of education achieved to date: Primary Secondary Tertiary
(Please tick the appropriate square)

Do you intend to apply for **Skills Recognition** for any part of the training program? (Please circle)

No

Yes Recognition of Prior Learning and/or Recognition of Current Competencies

Yes National Recognition (Please list your qualifications below)

Signed: _____ **Date:** ____ / ____ / ____