

## EXPRESSION OF INTEREST

Please complete the following form and send it through to [info@healthsciencehub.com.au](mailto:info@healthsciencehub.com.au)

### Applying for:

- Cert II in Medical Service First Response - Classroom
- Cert III in Basic Health Care - Classroom
- Cert II in Medical Service First Response - Online
- Cert III in Basic Health Care - Online

### Student Details

First Name:

Surname:

Date of Birth:

Address:

Phone Number:

School:

Email:

### Criteria (please tick if you can confirm):

- Have you got access to a laptop/tablet and internet at home?
- School report attached
- I am happy for the RTO to share my results and certificate with my school VET Coordinator

## Parent Details

First Name:

Surname:

Email Address:

Phone Number:

Parent Signature:

I Understand the following:

- A \$500 deposit will be due shortly after enrolment
- The remainder of fees will be due when the student starts class. (Term 1)
- Do you give permission for photos of your child to be used in social media posts?

## Student Support:

Are there any health or literacy support that this student will need whilst studying with us?  
Please provide info on any physical, mental, emotional, language, literacy, or numeracy support required.

## VET Coordinator Details:

Name:

Email:

