**EXPRESSION OF INTEREST Certificate III in Parks and Gardens (AHC31016)**

**Funding:** Certificate 3 Guarantee (C3G)

**Referral service** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Legal first Name Legal Surname Previous Surname Date of Birth Past Qualifications Email Address Phone Number

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Permission or gain or release information:

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 \*Statement: I give IPS Institute permission to gather identifying information (First name, Last name, DOB etc.) from Goodna Youth

 Services in order to determine eligibility for the Certificate III Guarantee funded program."

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|  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  Location required: GOODNA  Please complete and return to servicemanager@goodnayouthservices.org.au   |  |  |
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