

# Application | Pre-Apprenticeship

## MTA WA Automotive Institute of Technology

### Courses Available

Certificate II : Automotive Servicing Technology (AUR20516) Commencing in (April or July intake):

### Applicant Contact Details

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender:  Male  Female  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/C: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_ USI No: \_\_\_\_\_

### Emergency/Parent or Guardian Contact Details

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/C: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Medical Contact Name: \_\_\_\_\_ Emergency Medical Contact Number: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_

### Supplementary Details

In which country were you born?  Australia  Other (Please specify) \_\_\_\_\_  
 Are you of Aboriginal or Torres Strait Islander background?  Yes (  Aboriginal  Torres Strait Islander )  No  
 Do you speak a language other than English at home?  No  Yes (If yes, which language?) \_\_\_\_\_  
 Do you have any medical condition that we need to know about?  Yes  No  
 If YES please detail: \_\_\_\_\_  
 Are you on any medication?  Yes  No  
 If YES please detail: \_\_\_\_\_  
 Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No  
 If YES to the above, please indicate the areas of disability, impairment or long-term condition. You may select more than one  
 Hearing/Deaf  Intellectual  Physical  Mental Illness  
 Acquired Brain Impairment  Learning  Vision  Medical Condition  
 Other (please detail below) \_\_\_\_\_  
 \_\_\_\_\_  
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## About the Applicant (Completed by applicant.)

Have you done, or are you doing any work experience?

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Why do you want to participate in this program?

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Please outline your knowledge of and interest in the automotive industry.

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What do you plan to do immediately after the conclusion of this course?

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Please attach any supporting documents to this application (e.g. reports, resume, certificates, etc.)

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## Photo Declaration

I hereby authorise the Motor Trade Association of WA (MTA WA) to publish photographs taken of me during the course of my studies at the MTA WA Automotive Institute of Technology, and my name and likeness, for use in the MTA WA's print, online and video-based marketing materials, as well as other Association publications.

I hereby release and hold harmless MTA WA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in MTA WA marketing materials or other Association publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release MTA WA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

*If you are under the age of 18 please ensure that your application is signed by a parent or guardian in the space provided below.*

Signature:

Date:

Name (Printed):

Parent/Guardian Signature:

Date:

Name (Printed)

Relationship:

## Office Use Only

Received by:

Date Received:

Processed by:

Date Processed:

