

Future Stars Hospitality Course Application/Referral Form



Participant's Details				
Surname:		First Name:		
DOB:	Age:	Gender:	Male	Female
Street Address:		Phone Number(s):		
Literacy / Numeracy Level:	Very Good	Good	Poor	
Participation Requirements / hours:				

JSA Details	
JSID:	Stream:
JSA Provider:	
JSA Consultant:	

Please indicate if the participant has any of the following:	
	Yes No
Birth Certificate	
Police Check	
Tax File Number	
Resume	
Own Bank Account	
Own Transportation	
Drivers Licence	If yes, Open P's L's

Please note: Transport assistance may be available.

During the course trainees will be advised which day they are to bring in relevant documents.

By hitting the "Submit" button, this form will be sent to Stevie Wie at Karen Sheldon Training. Otherwise you can fax the form to 8927 5799 and email to advise that fax has been sent.



Karen Sheldon Training & Development

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 Email: stevie@karensheldontraining.com