



# Trainers Register

<i>Name:</i>	
<i>Contact details:</i>	
Phone: Hm:	Wk:
Fax:	
Address:	
Email:	
ABN:	
<i>Do you agree to a Working with Children Check?</i>	<i>Yes/No</i>
<i>Do you have any formal training qualifications e.g. Certificate IV in Workplace Training and Assessment?</i>	
<i>List any other industry/workplace training experience:</i>	
<i>List your academic qualifications (including partial studies)</i>	
<i>What is your work experience?</i>	
<i>List any other skills that you consider relevant:</i>	
<i>List your preferred learners groups e.g seniors:</i>	
<i>Availability:</i>	

Please return form plus copies of any relevant qualifications or other information to -  
CTC@Robertson  
58-60 Hoddle St Robertson  
PO Box 69 Robertson 2577  
Fax: 4885 2664

Enquiries -  
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