



Expression of Interest Form

Please enter all details and return to Music Industry College, PO Box 943 Fortitude Valley QLD 4006.
Email: r.wood@mic.org.au Fax: 07 3041 6570. All information will be treated as confidential.

Participant Information

First Name:	
Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	/ /
Address:	
Phone 1:	
Phone 2:	
Email:	
School (<i>last or current</i>):	
Last school year completed:	
School year applying for (e.g. 2012):	
Year Level:	<input type="checkbox"/> 11 <input type="checkbox"/> 12

Parent/Guardian/Carer Information

First Name:	
Last Name:	
Relationship to Applicant: (e.g. Mother, Carer)	
Address:	
Phone 1:	
Phone 2:	
Email:	
Mailing Address: (if same as above address, write 'AS ABOVE')	

Office Use Only

Interview Date:	__/__/__	Referral Agency:	
Interviewed By:		Referral Agency Contact:	