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RTO NUMBER: 6736

FOLIO PREPARA	TION APPLICATION FORM		(MATURE AGE APPLICANT)	
Full Name:				
Address:				
Telephone:	Mobile:	Age:	Date of Birth:	
Email Address:				
Country of Birth:		Country of Ed	Country of Education:	
Successful Complet	ion of VCE/VCAL Senior or Equivale	ent	Yes / No	
Year of completion	of VCE/VCAL Senior or Equivalent:			
ATAR/ENTER/TIER	Score (if known):			
TAFE/University Co	ourses Undertaken (Full Course Title,	/s)		
TAFE/University Re	sults		Course Completed / Course Incomplete	
Highest Qualification Attained:		Last Seconda	Last Secondary School Attended:	
Employment Histor	y:			
Other Relevant Inte	rests/Experiences/Short Courses:			
How did you hear a	bout this course?			
Please number your	preferences for courses (1 - 2)	[] Certificate	IV in Design [] Certificate IV in Visual Arts	
Why do you wish to	apply for this course?			