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RTO NUMBER: 6736

FOLIO PREPARATION APPLICATION FORM			(VCE/VCAL SENIOR APPLICANTS)	
Full Name:				
Address:				
Telephone:	Mobile:	Age:	Date of Birth:	
Email Address:				
Country of Birth:		Country of E	Country of Education:	
Successful Completion	on of VCE/VCAL Senior or Equiv	alent	Yes / No	
Year of completion c	of VCE/VCAL Senior or Equivaler	nt:		
ATAR Score (if know	n):			
Relevant creative VC	E/VCAL Senior Subjects underta	aken (please tick):		
[ ] Art				
[ ] Studio Arts				
[ ] Visual Communic	eation			
Other (please spe	ecify):			
Other Relevant Intere	ests/Experiences/Short Courses:	:		
How did you hear ab	out this course?			
Please number your	preferences for courses (1 - 2)	[ ] Certificat	e IV in Design [ ]Certificate IV in Visual Arts	
Why do you wish to	apply for this course?			