



## STUDENT PRE COURSE QUESTIONNAIRE

### STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course Applied for: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

Special Needs or Requirements: \_\_\_\_\_  
\_\_\_\_\_

Allergies and relevant medical conditions: \_\_\_\_\_  
\_\_\_\_\_

### INQUIRY DETAILS

Please outline below all the relevant experience relevant to the course you have applied for, detailing dates etc. Continue on a separate sheet if necessary.

\_\_\_\_\_

**NOTE** – Attach all supporting documentation.

**PLEASE LIST ALL CURRENT QUALIFICATIONS INCLUDING DATES ACHIEVED AND PROFESSIONAL REGISTRATIONS**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Comments: (Office use)**