

# Expression of Interest



## AVI50222 Diploma of Aviation (Commercial Pilot Licence Aeroplane) – Partial (VETiS)

Student Given Name	Date of Birth:
Student Family Name	Year Level (start VETiS):
Parent/Guardian:	
Address:	
Parent Mobile:	
Parent Email:	

Current School:
VET Co-ordinator Name:
VET Co-ordinator email:
VET Co-ordinator phone contact:
VET Co-ordinator signature
Date:
Where did you hear about us?

Location the student will attend for Aviation VETiS Course (Please tick)
<input type="checkbox"/> Melbourne- Xavier College (Wednesday):
<input type="checkbox"/> Melbourne- Mordialloc Secondary College (Wednesday):
<input type="checkbox"/> Melbourne- Brentwood Secondary College (Wednesday):
<input type="checkbox"/> Devonport- St Brendan Shaw College (Tuesday):
<input type="checkbox"/> Launceston-Scotch Oakburn College (Thursday)
<input type="checkbox"/> Launceston- Other (Please indicate School VET Day)

Please return this form to Tristar Aviation Email: <a href="mailto:vetis@tristaraviation.com.au">vetis@tristaraviation.com.au</a>
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Please ensure all fields are completed before submitting form, as incomplete forms are unable to be processed.