

# Expression of Interest (EOI)

## Gap Training Scheme

FOR OVERSEAS QUALIFIED PROFESSIONALS

Please fax completed applications to Mr Tass Miroforidis on: (02) 9281 9682



**NSW AMES**

### Applicant Details

Family Name:		Given Name:	
Date of Birth:		Contact Phone:	
Email:			
Country of Origin:		Date of Arrival to Australia:	

### Overseas Qualifications: (please list all your overseas qualifications below)

Name of Qualification:								
These qualifications have been: (please tick)								
Translated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assessed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recognised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Qualification:								
These qualifications have been: (please tick)								
Translated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assessed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recognised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Proposed Course Details

Name of Provider:							
Website Address:							
Name of Course:							
Total Course Hours:		Course State Date:		Course End Date:			
Course Fee:							

### Outline how this training will help you gain employment in your overseas skills area:

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### REQUIRED ATTACHMENTS:

Your application will not be complete until you submit the following documentation. You must attach these documents with your application form:

- Current Resume
- An assessment of your overseas qualification
- A flyer / brochure for the proposed course, where available.

### PRIVACY STATEMENT:

Personal information which is being collected by NSW AMES on this form will be used for the purposes of assessing applications for the Gap Training Scheme, communication, program monitoring and evaluation.

### APPLICANT DECLARATION:

- This form has been completed by me personally and the information I have given is correct.
- I understand that this application does not guarantee approval for the Gap Training Scheme.
- I have read and understood the Privacy Statement.
- I consent to being contacted by NSW AMES with regard to this application and my progress in the course, if approved.
- I agree to submit a report to NSW AMES, as per Appendix A of this application, along with my final payment claim. I understand that the final payment will not be made to me, unless the Report is submitted.

Applicant's Signature:		Date:	
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