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Expression of Interest in ICOM's Nationally Recognised Training Programs, 2025

THIS IS NOT AN ENROLMENT FORM

If you are interested in enrolling your child for one of the Nationally Recognised Training Programs in 2024, please complete this form. Completion of this form does not guarantee a position in the training programs. Should your child be shortlisted, only then will the college contact you and send you an enrolment form to complete.

PERSONAL DETAILS OF STUDENT				
Family Name:	Given Name:			
Application for Training Program (Please tick):				
Secondary: 10949NAT Certificate II in Applied Language (Arabic) & ILIAS (Year 9 students)				
22628VIC - Diploma of Islamic Leadership (Year 10 students)				
Residential Address:				
Suburb:	ostcode:			
Date of Birth:	ender: Male / Female			
Present School:				
Year Level:				
How many years enrolled at present school:				
Do you have a Centrelink Healthcare Card? Yes No				
PARENTAL/GUARDIAN INFORMATION				
FATHER/GUARDIAN	MOTHER/GUARDIAN			
Family Name:	Family Name:			
Given Name:	Given Name:			
Address:	Address:			
Suburb:	Suburb:			
Postcode:	Postcode:			
Home Phone:	Home Phone:			
Mobile Phone:	Mobile Phone:			
Email:	Email:			

PARENTAL/GUARDIAN AGREEMENT

- 1) I understand and accept that completion of this form does not guarantee my child a position in the College Training Program/s.
- 2) I understand and accept that my child's acceptance into the Islamic College of Melbourne is dependent on the results of the Pre Training Interview and LLN test and behaviour observed during the test and interview.
- I understand and accept that the college reserves the right to offer my child a position at the college, place my child on the waiting list or reject my child depending on the information collated from the results and observation, without bias.
- 4) I understand that the college reserves the right to refuse any application for enrolment and is under no obligation to provide further explanation for its decision.

Father/Guardians Full	Name	Father/Guardians Signature	Date		
Mother/Guardians Full	Name	Mother/Guardians Signature	Date		
For further information	please co	ntact the Islamic College of Melbourne	e on 03 8742 1739.		
Please return this com	pleted form	n and Semester Report either;			
A. By email to:	rtomanager@icom.vic.edu.au				
B. By post to:	Adminis Islamic PO Box	n: RTO Manager tration Office College of Melbourne 8153 T VIC 3029			
C. In person direct	ctly to the	College's Administration Office.			
Office Use Only					
Comments:					
Received by:			Date received:		