



Expression of Interest in ICOM's Nationally Recognised Training Programs, 2027

# THIS IS NOT AN ENROLMENT FORM

If you are interested in enrolling your child for one of the Nationally Recognised Training Programs in 2027, 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.

<b>PERSONAL DETAILS OF STUDENT</b>	
Family Name:	Given Name:
Application for Training Program (Please tick):	
Secondary:	<input type="checkbox"/> <b>10949NAT Certificate II in Applied Language (Arabic) &amp; ILIAS</b> (Year 9 students) <input type="checkbox"/> <b>22628VIC - Diploma of Islamic Leadership</b> (Year 10 students)
Residential Address:	
Suburb:	Postcode:
Date of Birth:	Gender: Male / Female
Present School: _____	
Year Level: _____	
How many years enrolled at present school: _____	
Do you have a Centrelink Healthcare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PARENTAL/GUARDIAN INFORMATION</b>	
<b>FATHER/GUARDIAN</b>	<b>MOTHER/GUARDIAN</b>
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.
- 3) 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

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Mother/Guardians Full Name                      Mother/Guardians Signature                      Date

For further information please contact the Islamic College of Melbourne on 03 8742 1739.

Please return this completed form and Semester Report either;

A. By email to: [rtomanager@icom.vic.edu.au](mailto:rtomanager@icom.vic.edu.au)

B. By post to:            Attention: RTO Manager  
                                 Administration Office  
                                 Islamic College of Melbourne  
                                 PO Box 8153  
                                 TARNEIT VIC 3029

C. In person directly to the College’s Administration Office.

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**Office Use Only**

Comments: \_\_\_\_\_

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Received by: \_\_\_\_\_ Date received: \_\_\_\_\_