



ENROLMENT CARAVAN PARK QUALIFICATIONS

Return fax to: (08) 6210 1108 or email: petermac@tubal.com.au

PARTICIPANT NAME: _____ **DATE EMPLOYED:** ____/____/____

DATE OF BIRTH: ____/____/____ **TYPE OF EMPLOYMENT:** FULL TIME / PART TIME PERMANENT / CASUAL

ADDRESS: _____

_____ **POST CODE** _____

PHONE: _____

HOME: _____

WORK: _____

MOBILE: _____

EMAIL: _____

QUALIFICATION TO UNDERTAKE(✓):

CERT III CARAVAN PARK OPERATIONS () CERT IV CARAVAN PARK SUPERVISION () DIPLOMA OF CARAVAN PARK MANAGEMENT ()

OUTLINE ANY CURRENT OR PAST QUALIFICATIONS HELD

DATE OBTAINED

1. _____ / ____/____

2. _____ / ____/____

EMPLOYER DETAILS

EMPLOYER: _____

ADDRESS: _____

POST CODE : _____

CONTACT NAME: _____

PHONE : _____

FAX: _____

EMAIL: _____