

SPECIAL OPERATIONS GROUP AUSTRALIA

ABN: 34 689 661 108

P.O.Box 47 Merrylands N.S.W 2160

Fax Number: 02 96789699

APPLICATION FOR COURSE ADMISSION

Name of Course: _____

1. PERSONAL DETAILS:

Title	Surname	Given Names
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RESIDENTIAL address:

DOB: _____ Telephone: (W) _____ (Mobile) _____

Fax: _____ E-mail: _____

Contact name & number in case of emergency:

2. EMPLOYER DETAILS:

Employer Name: _____

Department: _____

Current Position: _____

Current Supervisor & contact number: _____

3. QUALIFICATIONS:

POST- SECONDARY STUDIES:

Year Enrolled	Institution	Course
Completed/Current		

4. OTHER QUALIFICATIONS: (ATTACH CV)

Name of Qualification

Year obtained

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5. BRIEF OUTLINE OF EMPLOYMENT HISTORY:

6. OUTLINE OF PRESENT SECURITY DUTIES - INCLUDING RELEVANT EXPERIENCE:

7. OUTLINE OF LEGISLATION YOU CURRENTLY WORK UNDER:

I,----- declare that the information I have provided in this application is true and correct and I authorise M.A.S Venue Services and SOGA to verify any facts given.

Signature: _____

Date: _____ / _____ / _____

Payment details:

CREDIT CARD/CHEQUES/MONEY ORDER

Course cost \$-----
Electronic Funds Transfer
EFT
Payments to M.A.S Venue Services Pty Ltd
Financial Institution: ANZ
BSB: 012-233
Account Number: 111062503
Description CPP COURSE Sep 2008

Course cost \$-----
Cheques payable to
M.A.S Venue Services Pty Ltd
PO BOX 47
MERRYLANDS N.S.W 2160

Credit Card Information: _____ Mastercard _____ Visa _____ Amex
Card Number _____
Expiration Date: _____
Cardholder's Name (as written on card) _____

Signature _____

Date _____