



Special Operations Group Australia



RISK MANAGEMENT, INVESTIGATIONS, SECURITY AND TRAINING CONSULTANTS

ABN 34 689 661 108
ACN 26 102 505 733

APPLICATION FOR COURSE ADMISSION

Name of Course: _____

1. PERSONAL DETAILS:

Title Surname Given Names

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)

P.O. Box 9106
Deakin
ACT 2600
Australia

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Web: www.specialoperationsgroup.com.au
Web: www.rtodtc.com.au

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Mob: 0414 335 881

CAP1 NSW #409449348/409449356 Master Licence - DTC- #17501854
SIL NSW #409423965
CAP1 NSW ML#409449372

SEL ACT #17706315
STL ACT #17800018

Name of Qualification

Year obtained

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 SOGA and Diverse Training Concepts (DTC) to verify any facts given.

Signature: _____

Date: _____ / _____ / _____

Payment details:

CREDIT CARD/CHEQUES/MONEY ORDER

Course cost \$-----
Electronic Funds Transfer
EFT
Payments to Wayne Carney
Account Police Credit Union SA/NT
BSB 805005
Account Number 5149859
Description: CPP Course- 011/2010

Course cost \$-----
Cheques payable to
SOGA
PO BOX 9106
DEAKIN ACT 2600

Credit Card Information: _____ MasterCard _____ Visa

Card Number _____

Expiration Date: _____ 3 Digit ID

Cardholder's Name (as written on card) _____

Signature _____

Date _____

