



## Application for Radio Training Course

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_ Program Group: \_\_\_\_\_

Gender (Circle one) Male Female Member Number: \_\_\_\_\_

Age Group (circle one) Under 20 20+ 30+ 40+ 50+ 60+

How did you find out about 4EB Radio Training \_\_\_\_\_

Do you have previous broadcasting experience \_\_\_\_\_

If Yes, please give details \_\_\_\_\_

What ethnic groups do you have an interest in? \_\_\_\_\_

(Please note: EBAQ Ltd requires a proportionate gender, age and ethnic mix)

Please indicate preferred times for Broadcast and Panel Operator Classes: (Circle one) Broadcast / Panel

Saturday: 9.45am – 12noon  Monday Night: 5.45pm – 8.00pm

**(Completing this course does not guarantee on-air time or a program on 4EB)**

If you are not an Australian Citizen have you shown proof of temporary or permanent residency? Yes

Can you provide a reputable character reference: \_\_\_\_\_

Do you have any special needs: \_\_\_\_\_

Please confirm you have clearly responded to all matters raised in this application form

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Convenor's Name

\_\_\_\_\_  
Convenor's Signature

\_\_\_\_\_  
Date

Office use only: Application Approval

\_\_\_\_\_  
Trainer Coordinator

\_\_\_\_\_  
Commencement Date

Further information on the radio training course can be found at [www.4eb.org.au](http://www.4eb.org.au) All phone inquiries **3240 8600**