



**PARTICIPANT PROFILE FORM**

New participants complete a profile form prior to commencing training outlining any industry or current practice, relevant OHS and/or industry codes/standards that they may be recognised for. Information remains private and only passed on, with consent to those parties that are legally entitled. **Office Use**

<b>FULL NAME</b>		
<b>EMAIL ADDRESS</b>		
<b>MOBILE NUMBER</b>		
<b>AGE BRACKET</b>	Under 30yrs    30-40yrs    40-50yrs    50-60yrs    Above 60yrs	
<b>ARE YOU CURRENTLY EMPLOYED IN R/E</b>	YES <i>(please circle correct answer)</i> NO    If NO, move on to <i>Educational Background</i>	
<b>TOTAL EXPERIENCE</b>	Approx <input type="text"/> months <b>OR</b> Approx <input type="text"/> years	
<b>CURRENT DEPT</b>	SALES TEAM    SALES MANAGER    M'MENT TEAM    PROPERTY MANAGER    ACCOUNTS CLERICAL    DIRECTOR LIC CHARGE	
<b>LICENSE/CERTIFICATE</b>	<i>(If applicable)</i> <input type="text"/> Expires <input type="text"/>	
<b>EDUCATIONAL BACKGROUND</b>	School Level Completed (eg Yr 10) <input type="text"/> Final Year at School (eg 1998) <input type="text"/>	
<b>PRIOR EDUCATION</b>	<i>If yes, please tick all that apply from the list below:</i> <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Certificate III <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV <input type="checkbox"/> Other (please describe) Year Last Qualification: <input type="text"/> .....	
<b>DISABILITIES &amp;/or SPECIAL LEARNING NEEDS</b>	<i>Please describe/list any disabilities you may have which REAL ESTATE EXPLAINED can then cater for / adjust our training to you. We will also contact you before training commences.</i>	
<b>REASON TRAINING</b>		