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 WWW.BFCSA.NSW.GOV.AU

BRUSH FARM
 CORRECTIVE SERVICES ACADEMY
 CORRECTIVE SERVICES NSW

COURSE APPLICATION

Please complete ALL sections. Unsigned forms will not be actioned

Course details

Course Name: CTSAESP Security Awareness for External Service Providers - Online

Personal Details

Last Name: _____ First Name: _____

Work Location: _____ Phone (W): _____

Mobile Number: _____ Fax (W): _____

Email (for confirmation of enrolment): _____

Statistical Details

Permanent Temporary Full Time Part Time

Voluntary

Gender

Male Female **NESB** Yes No

Aboriginal

Yes No **Disability** Yes No

Participant Comments: *Please address any pre-requisites and give reasons for wanting to do the course:*

If accepted, I agree to attend the full program and abide by the Program/Academy requirements.

Signature: _____ Date: _____

Relevant Supervisor

Supervisor's Name: _____ Signature: _____ Date: _____

Organisation Name: _____ Organisation Address: _____

Phone No: _____ Fax: _____

Manager (for CSNSW)

Manager's Name: _____ Signature: _____ Date: _____