

# *Pacific Institute of Technology*

*RTO ID Number: 40843*

## **EXPRESSION OF INTEREST**

### **BSB51415 Diploma of Project Management**

**Do you wish to apply for recognition of prior learning? Yes ☐ No ☐**

#### **Participant Details**

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Highest school level completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

**What qualifications have you completed that relate to Project Management?**

---

---

---

**What work experience do you have that relates to Project Management?**

---

---

---

**Why do you want to undertake BSB51415 Diploma of Project Management?**

---

---

---

**Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**