

## GUMALA ABORIGINAL CORPORATION 2023-24 SKILLS DEVELOPMENT APPLICATION FORM



## Section 1 - Personal Details

Member's Name:	DOB:/	/
Address:		
*REQUIRED*	il: Nyiy	vaparli
Language Group: Banjima	Minawangka	/aparii
Section 2 – Program Selection		
Licence	1 1	mployment Clothing/ quipment
Other		
<u>Information</u>		
Type of licence/ticket/training course: (if applicable)		
Name of course: (if known)		
Name of institute: (if known)		
Section 3 – Goods / Services		
Description of Items:	Supplier:	Amount:
(e.g. first aid course)	(e.g. training organisation)	
	Total:	
Comments:		
Comments.		
Signature:	Date:	