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Training Course Application

Name: _____ Christian Names: _____ DOB: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: (H) _____ (Mobile:) _____ (W) _____

Email: _____

Are you a member of Coast FM? _____ Member Number: _____

Please note – all Presenters are required to be Full Members of Coast FM

Have you undertaken previous radio training? _____

If so please give details: _____

Courses will be scheduled according to demand and the availability of station volunteers.

You are not required to pay fees at this time, as dates of courses will be advised and you will be contacted to confirm your attendance. Fees and the cost of Training Manual/s will be required prior to commencing the course.

It is a requirement of Coast FM that you have a working knowledge of Personal computers and the ability to send and receive emails with attachments.

If you have any medical or physical conditions please advise the Training Co-ordinator in writing prior to taking the course. This information will remain confidential.

Signed: _____

Signature of Parent or Guardian: _____ (for applicants under 18 years of age)

Office Received: _____ Training Received: _____