

# Expression of Interest

Taking you to the bar



INSTITUTE *of*  
PROFESSIONAL  
LEGAL STUDIES

## Your details

First name

Surname

Preferred name

Address

Suburb

City and postcode

Country

Phone

Email

Mobile

LLB completion date

Employer (if any)

## Course of interest

Year

Preferred intake/start date

Full-time onsite **or** Part-time online

Centre

## Other points

How did you hear about the Institute

Do you have questions about the course

Please tick this box if you consent to receiving our electronic newsletter

All information is treated as private and confidential and will be used by IPLS for the purpose of recording your interest and to provide you with relevant information regarding the professionals course

We look forward to hearing from you.