**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Form - VET Course 2019**

**THE CLOSING DATE FOR APPLICATIONS IS FRIDAY 5th OCTOBER 2018**

**(Individual schools might have a different due date – please check with your Home School)**

***Contact Details (all details below MUST be completed neatly in black or blue pen)***

Student’s full first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_

Student’s surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student USI Number

https://www.usi.gov.au/students/create-your-usi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student School ID Number\_\_\_\_\_\_\_\_

Student School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year level in 2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_

Parent/Carer home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (person other than parent) Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Personal Details (all details below MUST be completed by ticking the relevant boxes)***

Gender: M□ F□ Indigenous/Torres Strait Islander□ Non-English speaking background□

Disability□ Disability Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Course******Selections (select a maximum of two single semester courses OR one full year course)***

|  |  |  |  |
| --- | --- | --- | --- |
| Preference | Course Name | Delivery Site |  |
| 1 |  |  |  |
| 2 |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CODE OF CONDUCT & UNDERTAKING**

**With regard to my Structured Work Placement** **I agree to:**

* attend my work placement for the normal hours of work for that job as specified in the Workplace Learning Agreement Form
* be punctual to all shifts, take only the allocated time for morning, afternoon tea and lunch breaks and return promptly to work
* ring my work supervisor, and my school, if I am unable to attend a shift due to ill health or another important reason (you will be expected to account for any absences and required to make up the lost hours at another time)
* dress appropriately
* take responsibility for my work placement log book and negotiate a convenient time for a meeting(s) with my supervisor(s) to discuss my progress.
* ensure that I am aware of and comply with the Work Health & Safety Act as it is related to my Work Placement

# **With regard to my RTO & School I agree to:**

* consistently meet deadlines on all assignments and projects
* use my study time, at school, work and at home, productively and in a manner that will improve my chances of obtaining good passing grades in all subjects
* responsibly take up my role as a VET student and model appropriate behaviour that will enhance the reputation of the Murraylands Student Pathway Cluster in both the local community and in the education system
* actively seek help and counselling when necessary
* balance my studies with work, social, sporting and family commitments.

**In addition I agree to:**

* follow all the rules & expectations of the school, RTO, workplace I am working in, recognizing that infringement that necessitates disciplinary action will be dealt with in line with the sites regulations in negotiation with my supervisor. (This includes students who may not be enrolled full time at a school)
* maintain confidentiality by not repeating any information that I may be exposed to/have access to during my work placements. (Some employers may want you to sign a confidentiality contract)
* discuss any problems that may arise with my VET Trainer or Work Placement Supervisor or VET Coordinator. (If parents have any issues, please talk to the VET Coordinator, before discussing the issues with the RTO or employer.)

The above requirements are essential for a successful VET program for you and students who follow you in future years. VET programs are very reliant on the goodwill of the employers who provide work placements and this often results in apprenticeships & employment for students.

**STUDENT & PARENT  UNDERTAKING:
As the applying student I have read and agree to the above undertaking and am committed to undertaking the VET course as listed above. As parent/carer of the applying student, I am committed to our child undertaking the VET course as listed above and understand I will be legally liable for the full cost of the course including the Training costs, Consumables costs and Administration costs associated with this course if my child withdraws from this VET course at any time before or after the course commencement date. In the event my student is not successful in completing any units I understand I will be responsible for the cost of re-enrolment to complete the course.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Name:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Principal/VET Coordinator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 - ADDITIONAL STUDENT INFORMATION**

**This will be entered once a student is an approved enrolment in a COURSE**

**MEDICAL INFORMATION**

Health Care Plan:

* Yes If yes the HOME school is to forward a full copy of the Health Care Plan to the HOST school

 VET Coordinator, subject to parental permission.

* No

Disability

* Yes
* No

Disability brief details:

**ONE PLAN**

One Plan

* Yes
* No

One Plan brief details:

One Plan full details available from (person’s name): Phone:

**OTHER INFORMATION**

Indigenous/Torres Strait Islander Background

* Yes
* No

Non-English Background

* Yes
* No

GOM (Guardian of Minister)

* Yes
* No

**IMPORTANT NOTES**

![C:\Users\hwilden\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T0S3ZT1H\Turn-The-Page-Powerpoint-Green[1].png]()Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2a - Additional Student Information**

**This will be entered once a student enrolment is approved in a course**

\*Any information given will not prevent your child participating unless medical advice warrants exclusion. The following information you supply will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher in charge to discuss any student personal issues.

|  |
| --- |
| **PLEASE IDENTIFY IF YOUR CHILD HAS ANY OF THE FOLLOWING MEDICAL CONDITIONS** |
| **MEDICAL CONDITION**  | **TICK**  | **DETAILS** |
| Allergies (eg bee sting) |  |  |
| Asthma or other chest problems  |  |  |
| Convulsions/seizures (eg epilepsy) |  |  |
| Dermatitis (eg relevant skin conditions) |  |  |
| Diabetes  |  |  |
| Eating disorders (eg allergies to food)  |  |  |
| Hearing problems Hearing aid or drainage tubes  |  |  |
| Relevant sports injuries  |  |  |
| Vision contact lenses Soft /hard  |  |  |
| Medication List medication required  |  |  |
| OTHER (Please specify) |  |  |

***Emergency contact (a person other than a Parent/Guardian)***

|  |
| --- |
| **NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WORK PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MOBILE PHONE** |
| **HOME ADDRESS** |
| **WORK ADDRESS** |

Consent Form – Child/Student

**Permission to use image, video, voice, and/or creative work of students and children**

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and

publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on

websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

 photographs, video or audio recordings of my child

 samples of my child's work

 my child's first name and DECD school/preschool/service name

 and to distribute them in the following locations:

 printed publications (eg newsletters, year book, promotional material)

 secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or

manager of the service.

Any material placed on publically accessible websites under a CC‐BY‐NC licence will be available to download and use. This

licence is perpetual (forever), free, worldwide, non‐exclusive and allows for the replication, distribution, display, performance

and remixing of copyrighted work for non‐commercial purposes, provided that the author is credited.

**Notes**

 Items might not appear in exactly the form in which they have been submitted and not every item for which

 permission is granted will be used.

 Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by

 warning text to indicate that the work may include people who have passed away.

 Where permission is revoked, every effort will be made to remove relevant media from distribution, however this

 may not be possible or practical in some situations.

**Signatures**

**Additional optional permissions (tick if yes)**

I also grant permission for my child to be photographed/recorded by external media organisations for

publication/broadcast.

Name of child/student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full name ‐ please print)

Name of school/service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian to sign) (Parent/guardian to sign)

Full name of parent(s)/guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print) (please print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please provide signatures of both parents and/or guardians where possible.