



VET STUDENT APPLICATION PACK

HOW TO APPLY – Please enter all information required.

1. Submit this form to the Senior School Leader, (**Samone Boucher**) by (**13th September**)
A deposit of (**\$50**) must accompany the enrolment form and payment completed by First Day of Term 1 2020
2. Attend the Orientation event (**TBA**) (Please note that some Training Institutions may require additional Application information and forms to be submitted.)
3. Ensure that balance **Student Materials Fees** are paid by (**First Day of Term 1 2020 – minus \$50 deposit**)

PART 1 – STUDENT DETAILS (PLEASE PRINT CLEARLY USING BLOCK LETTERS)

First Name: _____ **Last Name:** _____

Year Level in 2020: _____ **VCE** or **VCAL**

Home Address: _____

Post Code: _____

Students' Contact Number: _____ **Students' Email:** _____

Parents'/Guardian Names: _____ **Parent's Guardian Contact Number:** _____

Parent's/Guardian Email: _____

Student Information: Australian Citizen Yes No **Aboriginal** Yes No **Torres Strait Islander** Yes No

Female Male **Date of Birth:** _____

USI Number: _____ (If you do not have a USI number, please generate one for yourself PRIOR to submitting this form so that your Application can be processed – see Part 2.)

PART 2 – UNIQUE STUDENT IDENTIFIER Number (USI NUMBER). You cannot be enrolled without a USI number.

Since 2015, students participating in nationally recognized accredited training required a Unique Student Identifier (USI) number. The USI will provide students with the ability to obtain a complete record of their Vocational Education and Training (VET) enrolments and achievements from a single online source. Students often need to provide evidence of their academic achievements, for example when applying for a job or to undertake further study. The USI enables students to obtain a full transcript of all of the accredited VET training they have undertaken from the time the USI comes into effect, or an extract of it that shows the particular achievements they want it to. A **student must provide their USI** to their training provider before the person can receive a statement of attainment or qualification. Further information and application for the USI is available at www.usi.gov.au Suggested forms of ID for young students would be a Medicare number, Australian Birth Certificate or Citizenship Certificate. If the Student has a USI number please record the details below (this is made up of 10 numbers and letters and may look something like this 3AW88YH9U5). If the student does not have a USI number they must apply.

USI number: _____

PART 3 – COURSE DETAILS (PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH COURSE YOU WISH TO APPLY FOR.)

I wish to apply for admission to (provide the full course name and venue):

COURSE CODE:

COURSE NAME:

Please tick:

Year 1

Year 2

Course Venue:

Class Time:

PART 4 – STUDENT CONTRACT

I, _____ agree to the following terms and conditions for participating in VET in Schools classes:

- Behave in a manner that is expected of students at the VET provider where my VET course is offered.
- Comply with any lawful requests or instructions given by staff at this VET provider.
- Remain on site of the VET provider venue during the duration of my classes.
- Make my own transport to and from the VET provider venue
- Meet the attendance and participation requirements of the VET Certificate (maximum absences allowed is 2 per semester).
- Notify any absence to the VET Coordinator at **my Home School** as well as the **VET Provider or my Trainer**, in advance where possible.
- Meet all the work requirements of this course as set out by my trainer for this Certificate.
- Where necessary, attend redemption classes after school, on weekend or during school holidays and cover any additional expenses related to this.
- Adhere to all Occupational, Health and Safety requirements in and out of class.
- Pay all fees associated with this VET course to **my Home School**, being aware that these fees will not be refunded after **(date to be advised)**.
- Undertake appropriate work placement as specified by my trainer to the best of my ability.

Student Signature: _____ Date: ____/____/2019for2020

PART 5 – MEDIA CONSENT

I/ We consent to the Mullum VET Cluster using my child's name, digital images of my child and work samples produced by my child in the media. I understand that this consent form will remain in place throughout the duration of my child's enrolment through the Mullum VET Cluster program.

Parent's Name: _____

Parent's Signature: _____

Date: _____

PART 6 – PARENT'S ENDORSEMENT

I/ We have read and understood the information regarding our child's application for a Mullum Cluster VET program in 2020 and agree to his/her application. We understand that the deposit is required by **(Insert Date)** and submitted with this application and balance payments will be made by **(Insert Date)**.

Parent's Name: _____

Parent's Signature: _____

Date: _____

PART 7 – MEDICAL INFORMATION



(For completion by VET administrator)

HOME SCHOOL: _____

VET PROVIDER: _____

VET COURSE: _____

DATE copy sent to VET PROVIDER: _____

Parental Consent and Confidential Medical Report for VET in Schools classes

[Please complete and return prior to commencement of lessons]

I give consent for my son/daughter (**Please insert name**) _____

To participate in a VET Certificate II/III _____

Signed: _____ Date: ____/____/2019for2020

Print name of Parent/Guardian: _____

The following information is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence.

Student's Name: _____

Date of Birth: ____/____/____ School Attended: _____ Year

Level: _____

Parent/Guardian Name: _____

Address: _____ Postcode: _____

Emergency Telephone – Home: _____ Work: _____ Mobile: _____

Name of Family Doctor: _____

Address: _____

Medicare Number: _____

Medical/Hospital Insurance Fund: _____ Contribution Number: _____

Ambulance Subscription: Yes / No Membership Number: _____

Health Care card holder: Yes / No Membership Number: _____

DOES YOUR CHILD REQUIRE LEARNING SUPPORT? Yes / No: Details: _____

STUDENT MEDICAL DETAILS:

Does the student suffer from any of the following impairments?	Hearing	Yes / No	Speech	Yes / No
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	Vision	Yes / No	Mobility	Yes / No
Does the student suffer from Asthma?	Yes / No			

ΑΣΘΗΜΑ ΜΕΛΙΧΑΛ ΧΟΝΔΙΤΙΟΝ ΔΕΤΑΙΛΣ: (ανσωερ τηε φολλοωινγ θυεστιονσ **ΟΝΑΨ** ιφ τηε στυδεντ συφφερσ φρομ ανη Αστημα χονδιτιονσ.

Indicate if the student suffers from any of the following symptoms: Cough Yes / No Difficulty breathing Yes / No	If my child displays any of these symptoms please Inform Doctor: Yes / No
Wheeze Yes / No Tight Chest Yes / No Exhibits symptoms after exertion Yes / No	Inform Emergency contact Yes / No Administer Medication Yes / No Other Medical Action Yes / No If yes, please specify
Has an Asthma Management Plan been provided to the School?	Yes / No
Does the student take medication? Yes / No	Name of Medication taken:
Is the medication taken regularly by the student (preventative) or only in response to symptoms?	Preventative Yes / No Response Yes / No
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (please circle) Student Nurse Teacher Other	Medication is stored: (please circle) With student With nurse Fridge in Staffroom Elsewhere
Dosage time: Reminder required: yes / No	Poison rating

OTHER MEDICAL CONDITIONS:

Does the student have any other medical conditions? Yes / No	If yes, please specify:
Symptoms:	
If my child displays any of the symptoms above please: Inform doctor Yes / No Administer medication Yes / No	Inform Emergency Contact Yes / No Other Medical Action Yes / No If yes, please specify:
Does the student take medication? Yes / No	Name of medication taken:
Is the medication taken regularly by the student (preventative) or only in response to symptoms?	Preventative Yes / No Response Yes / No
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (please circle) Student Nurse Teacher Other	Medication is stored: (please circle) With student With nurse Fridge in Staffroom Elsewhere
Dosage time: Reminder required: yes / No	Poison rating

Medication

1. Is your student presently taking any medication? YES / NO
If YES, please state name of medication, dosage and possible side effects, if known.

2. The teachers in charge of the class will expect the student to retain control of medication and will leave responsibility with the individual student. (Please label all medication with the student's name, dose to be taken and when it should be taken.)

Consent to Medical Attention

I authorize staff at **(Insert name of VET Provider)** to administer first aid to my child, and for the teacher in charge of the VET in Schools program to consent, where it is impracticable to communicate with me, to the student receiving such medical or surgical treatment as may be deemed necessary by a medical practitioner and I agree to meet any costs or expenses thereby incurred.

Signed: _____

Date: ____/____/2019for2020

Print name of Parent / Guardian: _____

