



2016 VET STUDENT ENROLMENT FORM

HOW TO APPLY

1. Submit this enrolment form to Careers & Pathways Manager (**Jenny McComb**) by **FRIDAY 28TH AUGUST**
A payment of \$350 must accompany the enrolment form.
2. Attend the orientation event in November to confirm your enrolment (details to be provided).
3. Ensure that all **Material Fees** are paid by **19th FEBRUARY 2016** (further details to be provided)

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

Surname: _____ Given Name: _____

Year Level in 2016: _____ VCE or VCAL Student: _____

Home Address: _____

_____ Post Code: _____

Female / Male _____ Date of Birth: _____

Home/Parent Telephone: _____ Student's Mobile : _____

Student's email: _____

Parent's email: _____

PART 2 - UNIQUE STUDENT IDENTIFIER Number (USI NUMBER)

Since 2015, students participating in nationally recognised 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 achievement, 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): **USI Number:**

PART 3 - COURSE DETAILS

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

COURSE: CODE: _____ NAME: _____

Please tick: Year 1 **OR** Year 2

VENUE: _____ CLASS TIME: _____

PART 4 – 2016 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 Host School where my VET course is offered.
- Comply with any lawful requests or instructions given by staff at this Host School.
- Remain on site of the Host School venue during the duration of my classes.
- Make my own transport to and from the Host School 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 **(Rowville Secondary College)**, as well as the Host School 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 **(Rowville Secondary College)** being aware that these fees will not be refunded after 1 March 2016.
- Undertake appropriate work placement as specified by my trainer to the best of my ability.

Signed: _____ Date: ____/____/2015 for 2016

PART 5 – PARENT'S ENDORSEMENT

I/ We have read and understood the information regarding our child's application for a Mullum Cluster VET program in 2016 and agree to his/her application. We understand that the \$350.00 payment is required by Friday 28th August, 2015 and submitted with this application and balance payments will be made by Promotional Interview/subject confirmation.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Teacher's Signature: _____

PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH COURSE YOU WISH TO APPLY FOR



(For completion by VET administrator)

HOST SCHOOL: _____

VET COURSE: _____

DATE copy sent to HOST SCHOOL: _____

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 student's name) _____

to participate in a VET Certificate II/I _____

Signed: _____

Date: ____/____/2015/2016

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's / Guardian's Full 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
	Vision	Yes/No	Mobility	Yes/No
Does the student suffer from Asthma?	Yes/No			

ASTHMA MEDICAL CONDITION DETAILS: (answer the following questions **ONLY** if the student suffers from any Asthma conditions.

Indicate if the student suffers from any of the following symptoms:	If my child displays any of these symptoms please:
Cough Yes/No Difficulty breathing Yes/No	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 condition: Yes/ No	If yes: please specify:
Symptoms:	
If my child displays any of the symptoms above please:	Inform Emergency Contact Yes/No Other Medical Action Yes/No If yes, please specify:
Inform doctor Yes/No Administer medication Yes/No	
Does the student take medication: Yes/No	Name of medication taken:
Is the medication taken regularly (preventative) or only in response to symptoms:	Please circle: Preventative Response
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 authorise staff at (insert name of Home School), 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 expense thereby incurred..

Signed: _____

Date: ____/____/2015/2016

Print name of Parent/Guardian: _____