



2015 VET STUDENT ENROLMENT FORM

HOW TO APPLY

1. Submit this form to the General Office with your deposit by 27TH AUGUST, 2014
2. PLEASE DO NOT ENROL YOURSELF ON THE MULLUM PORTAL, ROWVILLE SECONDARY COLLEGE WILL DO THIS ON YOUR BEHALF – THANK YOU

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

Family Name: _____ First Name: _____

Year Level in 2015: _____ VCE VCAL

Home Address: _____
Post Code: _____

Home Telephone: _____ Students Mobile: _____

Female Male _____ Date of Birth: _____

Are you an ESL Student? Yes No _____ Are you an Aboriginal? Yes No

Do you have any disabilities/ known allergies? Yes No
If yes, please specify (especially if you routinely carry medication)

Do you have an asthma and/or anaphylaxis plan? Yes No
If Yes – please outline below and attach a copy of management plan.

Do you have any individual Learning Needs? Yes No
If Yes, please outline briefly below:

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PART 2 – COURSE DETAILS

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

Please tick: Units 1 & 2 Units 3 & 4

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PART 3 – PARENT'S ENDORSEMENT

I/ We have read and understood the information regarding our child's application for a Mullum Cluster VET program in 2015 and agree to his/her application.

Parents Name: _____

Parent's Signature: _____ Date: _____



Parental Consent and Confidential Medical Report for VET in Schools classes within the Mullum VET Cluster

[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 offered by the Mullum VET Cluster.

Signed _____

Print name of parent: _____

Date: _____ / _____ 2014 FOR 2015

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: _____ / _____ 19

School attended _____ Year Level: _____

Parent's / Guardian's Full Name: _____

Address: _____

_____ Postcode: _____

Emergency Telephone: Home: _____ Work: . _____

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: _____

Medication/Allergies/Individual Learning Needs

1. Is your child presently taking any medication? YES / NO

If YES, please state name of medication, dosage and possible side effects if known.

PLEASE NOTE: 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.)

2 Anaphylaxis and/or Asthma Plan –

Does your child have an Anaphylaxis or Asthma Management Plan? YES/NO

If Yes, please state which and attach a copy of the Management Plan.

3. Does your child have any other Medical conditions/Allergies /Disabilities that the school should be aware of? YES/NO:

If Yes, please outline below:

Consent to Medical Attention

I authorise staff at the Mullum VET Cluster host school where my child attend, 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: ____/____/2014 FOR 2015



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 and during breaks.
- 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 2015.
- Undertake appropriate work placement as specified by my trainer to the best of my ability.

Signed:.....

.Date:...../.....2014 for 2015



APPLICATION FOR UNIQUE STUDENT IDENTIFIER



I give permission for the VET Coordinator at Rowville Secondary College to make an application on my behalf to register to obtain a U.S.I.

STUDENT NAME: _____

DATE: _____

STUDENT SIGNATURE: _____

I agree to provide the following details:

FULL NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS:

HOME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PASSPORT OR AUSTRALIAN BIRTH CERTIFICATE NUMBER:

OR

MEDICARE NO: (plus number on card relating to student): _____ / _____

INFORMATION REGARDING Unique Student Identifier Number

In 2015, school students participating in nationally recognised accredited training will require a Unique Student Identifier (USI). 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. While students can apply for their own USI, schools can also apply on behalf of students with the student's permission. Suggested forms of ID for young students would be a Medicare number, Australian Birth Certificate or Citizenship Certificate. Further information about the USI will be provided by your school's VET Coordinator and is also available at:

<http://www.industry.gov.au/skills/regulationreformsandinitiatives/uniquestudentidentifierforvet/Pages/default.aspx>