

Student Registration for VET Work Placement

PLEASE COMPLETE AND RETURN TO Western Student Connections

Phone: 02 6885 6144 Fax: 02 6885 6199 Email: <u>reception@wsc.edu.au</u>

Post: Western Student Connections PO Box 1033, Dubbo NSW 2830

STUDENT DETAILS								
Surname:	Given Names:							
Home Address:								
Town:	Postcode:							
Home Phone:	Mobile:							
Email Address:	Date of Birth:							
Male Female	Medicare Number:							
PARENT / C	GUARDIAN DETAILS							
Parent/Guardian Name:	Contact Phone:							
Relationship to Student:	Mobile:							
EMERG	ENCY CONTACT							
Emergency Contact Name:	Contact Phone:							
OTHER	INFORMATION							
School attending:	Year level:							
Aboriginal/Torres Strait Islander? Yes No	o Non-English Speaking Background?							
Do you have a disability or any special needs?	? Yes No							
If yes, please provide details:								
Please list VET Course/s Studied Teacher	If studied at TAFE, which campus?							
Do you have a medical condition an employe	<u> </u>							
Declaration:	If Yes, please complete medical details on next page							
	vided is accurate. I am aware that the information							
•	lely for the purpose of coordinating structured work							
	only be disclosed for the purpose for which it is							
Signature of student	Date							
	JRN TO Western Student Connections							
Phono: 02 6885 6144	3, Dubbo NSW 2830							



		ST	UDENT I	MEDIC	AL DETAILS				
Student Name:									
Doctor's Name:									
Doctor's Phone:									
Details/ information of m	edical co	ndition	(please list	t any spe	ecial requirements the emp	loyer may	need to	be aware o	f)
		OP1	ΓΙΟΝΔΙ Τ	TFACH	IER SECTION				
Please rate this student a	gainst the					e box. R	TOs ma	y need to)
liaise with the school VET please provide this inform						has any	special	needs',	
Skill	Poor	Avg	Good	Exc	Skill	Poor	Avg	Good	Exc
Attitude to VET Course					Conduct				
Personal Presentation					Initiative Displayed				
Communication Skills					Reliability				
Attention to Safety					Team work				
Special Needs / Genera	al Comm	ents:							
PLEASE	COMPLE				Western Student Co	onnecti	ons		
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