

2014 VETfS PATHWAYS PROGRAMS – POLYTECHNIC WEST APPLICATION FORM

Career Directions, PAiS, You2 Can Go To Uni & NOA

COURSE YOU WOULD LIKE TO APPLY FOR:				
PROGRAM NAME:				
DAY:				
CAMPUS:				
STUDENT INFORMATION				
Surname:	Given names:			
Address:				
	Suburb: Postcode:			
Home Ph:	Student mobile no:			
Date of birth:	Male Female			
Australian citizen or permanent resident:	Yes □ No □			
If no please indicate Visa Document Number and sub-class:				
Are you of Aboriginal or Torres Strait Islander origin?	Yes □ No □ Both □			
In which country were you born? Austra	alia Other Please specify:			
Do you speak a language other than English at home?	No 🗆 Yes 🗆 Please specify:			
SCHOOL/EDUCATION DETAILS				
Year level in 2014: Yr 11 🗌 Yr	12 🗆			
Student School Curriculum & Standards Authority (SCSA) Number (required) :				
Current school in 2013				
School name: V	ET Coordinator's name:			
School postal address:				
Phone: V	ET Coordinator's email:			
School attending in 2014 (leave blank if same as above)				
School name: V	ET Coordinator's name:			
Phone: V	ET Coordinator's email:			
PARENT/GUARDIAN CONTACT DETAILS (This contact will be used for all correspondence)				
Full name:				
Address:				
Home Ph:	Mobile Ph:			



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STUDENT STATEMENT			
Please provide a brief outline of why you want to join this program (to be completed by student):			
PHYSICAL OR MEDICAL CONDITIONS			
Do you have any physical or medical conditions? Yes \(\Boxed{1} \) No \(\Boxed{1} \)			
Do you have any allergies? Yes ☐ No ☐			
Do you consider yourself to have a disability, impairment or long term condition? Yes \(\sqrt{\text{No}} \)			
If yes to any of the above, please provide details:			
PRIOR QUALIFICATIONS			
Please list any prior qualifications gained:			
SCHOOL RESULTS Please attach a copy (no originals) of your latest school report (applications without a school report will not be			
considered). You may include any other information you think necessary to support your application, such as references.			
Report attached: YES			
APPLICANT AGREEMENT			
I certify that the above information is true and correct, that I understand the requirements of this program and I am prepared to participate in this program if selected.			
Applicant signature: Date:			
SCHOOL REFERENCE			
(To be completed by the Principal, Deputy Principal or VET Coordinator)			
We support this application and endorse the student as being "work ready" and meeting the academic requirements of the program.			
Yes ☐ No ☐ Yes with Reservation ☐			
Please provide comments in regards to the schools support or otherwise of this application:			
School signature: Date:			



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CHECKLIST (to be submitted with your application form)

		Please tick if completed
•	Have you entered your full name	
•	Have you entered your address	
•	Have you entered your home and mobile phone details	
•	Have you entered your date of birth	
•	Have you entered your citizenship/residency	
•	Have you entered if you are of Aboriginal origin	
•	Have you entered where you were born	
•	Have you entered your language	
•	Have you entered your school level for 2014	
•	Have you entered your SCSA ID number	
•	Have you entered your current school details	
•	If you are attending a different school in 2014, have you entered	details
•	Have you entered your parent/guardian name	
•	Have you entered your parent/guardian address	
•	Have you entered your parent/guardian home and mobile phone	details
•	Have you completed your student statement	
•	Have you completed all of the physical & medical conditions sect	ion
•	If you have prior qualifications have you entered them	
•	Have you attached your latest school report	
•	Have you signed your application	
•	Has your school completed the school reference	
•	Has your school signed the application	

If all boxes are ticked you may submit your application via your school. If you have a box that is not ticked, you have not completed your application. Please go back through your application and complete.