# 2015 Expression of Interest

**Name of Program/Course:**  

**Name of RTO:**  

Students and parents/guardians must complete the first two sections of this form and return it to the school VET Coordinator. Please note THIS IS NOT AN ENROLMENT FORM. The RTO Program Coordinator will contact the student/school VET Coordinator (as indicated in the form) with interview details and results.

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**STUDENT** (to be completed by the student in BLOCK LETTERS)

<table>
<thead>
<tr>
<th>SACE Board Number</th>
<th>Unique Student Identifier</th>
<th>School enrolled in Year 20___</th>
<th>School enrolled in Year 20___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
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</tbody>
</table>

Surname: ___________________ Given name/s: ______________________________________

Date of birth: ___________________ Current year level: ______________________________________

Phone: ___________________ Mobile: ___________________

Do you identify yourself as Indigenous?  □ Yes □ No

Gender  □ Male □ Female

Email address: ____________________________________________________________

Postal address: ___________________________________________________________

Home address: ___________________________________________________________

Parent/guardian name: _____________________________________ Phone: ___________________

Have you applied for this course with any other registered training organisation?  □ Yes □ No

If yes, please list ___________________________________________________________

Have you participated in or completed any other VET in School qualifications already?  □ Yes □ No

If yes, please list ___________________________________________________________

Applicant’s Signature: ______________________________________ Date: ___________________
IMPORTANT PLEASE NOTE

PARENT/GUARDIAN PERMISSION:

I, (name) ____________________________________________________ give permission for my child,

(name)______________________________________________________ to select a VET program that:

(a) may be offered in a location other than my child’s school; (b) may attract material fees from the training provider;
(c) may have a timetable that extends beyond normal school hours; and (d) will require additional enrolment and
resulting information to those of the secondary school.

1. Provide any medical conditions that the trainer should be aware of.

2. Does your child have a disability or condition that will impact on his/her ability to undertake any theoretical or
practical study in this VET program?    □ Yes □ No

3. If yes, please specify _____________________________________________________________

4. I give permission for my child to participate in a Structured Work Placement and permit the information on this form
to be provided to a host workplace for the purpose of managing the structured work placement.    □ Yes □ No

5. I give permission to the host workplace to administer first aid and/or arrange an ambulance for my child if it is
necessary for his/her health or welfare:    □ Yes □ No

6. I give my permission for my child to attend Structured Work Placement on licenced premises where alcohol may be
in the vicinity.    □ Yes □ No

7. I give permission for my child’s results to be given to his/her school and to the Department of Education and
Children’s Services.    □ Yes □ No

8. I give permission for my child to receive assistance in setting up their Unique Student Identifier.

9. I give permission for my child to access on-line training material and other internet or electronic applications as
required by the training provider and under the policies and procedures of the training provider.

10. I agree to the use of my child’s image and name in promoting VET in Schools and/or VET related publications.

Parent/Guardian Signature: ____________________________ Date: ____________________________

SCHOOL VET COORDINATOR

VET Coordinator: Priscilla Dahlhelm

School: Taminmin College

Signed: ____________________________ Date: ____________________________

Please send/fax to the relevant RTO contact person. Please also indicate (*) below if the RTO Program
Coordinator needs to contact either the VET Coordinator or students to arrange an interview time.

RTO PROGRAM COORDINATOR

Program Coordinator ____________________________ Phone: ____________________________ Fax: ____________________________

Does the student require an interview    □ Yes □ No

*If yes, contact (School VET Coordinator - please circle one of the following) the student/VET Coordinator to arrange
a time and complete the following:

Date and Time: / / am/pm Telephone: ____________________________

Venue: ____________________________

**** Please send/fax or email to School VET Coordinator for their records ****

Advise Secondary School VET Coordinator of acceptance: Date: ____________________________

Provide students with course information\(^1\) and delivery information\(^2\): Date: ____________________________

Program Coordinator Signed: ____________________________ Date: ____________________________

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\(^1\) Course information includes course code, unit name and code, nominal hours, etc;

\(^2\) Delivery information includes commencement and completion date, class times and location.