

**2022 Expression of Interest**

<b>Name of Program/Course:</b>	
<b>Name of Registered Training Organisation (RTO):</b>	

*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.*

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

SACE Board Number	Unique Student Identifier	School enrolled in Year 2021__	School enrolled in Year 2022__

**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:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**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

a. If yes, please specify disability \_\_\_\_\_

b. I give permission to disclose the disability to the RTO Program Coordinator and Lecturer/Trainer

c. I give permission for the school to share my child's Personalised Learning Plans with the RTO Program

Coordinator and Lecturer/Trainer for the purpose of optimising access, participation and completion of the course  Yes  No

3. 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 work place for the purpose of managing the structured work placement.  Yes  No

4. 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

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

6. I give permission for my child's results to be given to his/her school and to the Department of Education.

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

8. 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.

9. I agree to the use of my child's image and name in promoting VET in Schools and/or VET related publications.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL VET COORDINATOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The VET Coordinator and other relevant staff at \_\_\_\_\_ will support the above student in undertaking this VET program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If parent/guardian has identified a disability in 2 above, VET Coordinator and School Special Education contact person to initiate Training Access Plan (TAP) and submit with this application. Note, agreed actions on TAP to be completed by key stakeholders upon success of this EOI.

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

## RTO PROGRAM COORDINATOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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/email to School VET Coordinator for their records \*\*\*\*

Advise Secondary School VET Coordinator of acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

Provide student with course information<sup>1</sup> and delivery information<sup>2</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Course information includes course code, unit name and code, nominal hours etc.

<sup>2</sup> Delivery information includes commencement and completion date, class times and location.