

2016 Expression of Interest

Name of Program/Course:	
Name of RTO:	Charles Darwin University

*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 <u>(only if known)</u>	School enrolled in Year 2015	School enrolled in Year 2016

Surname: _____ **Given name/s:** _____

Date of birth: _____ **Current year level:** _____

Phone: _____ **Mobile:** _____

Do you identify yourself as Indigenous? Yes No

Gender Male Female **Please Print Clearly**

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

Student (Applicant) Commitment:

- I understand that full attendance is critical to success in this program and will strive to meet this requirement.
- I understand that I need to achieve all elements of competence in order to receive a Statement of Attainment or Certificate and to gain maximum credit towards my NTCET
- I understand that original VET transcripts and certificates will be sent directly to me and that I am responsible to provide copies to my school if I want my VET Qualification to count towards my ATAR.

Applicant's Signature: _____ **Date:** _____

IMPORTANT PLEASE NOTE Permission sections *must* be completed

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 excursions and activities directly related to the delivery of the vocational program. Yes No

5. 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

6. 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

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

8. I give permission for my child's results to be given to his/her school and to the Department of Education. Yes No

9. I give permission for my child to receive assistance in setting up their Unique Student Identifier. Yes No

10. 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. Yes No

11. 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

VET Coordinator _____ **Phone:** _____ **Fax:** _____

School: _____ supports the above student in undertaking this VET program.

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 and delivery information:

Date:

Program Coordinator Signed:

Date: