**Geelong VET Delivered to Secondary Students Application Form 2021**

# VET Program details:

Name of VET Program 2021: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Delivery Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of course (circle) **1 or 2**

# Student details:

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attending in 2021:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In 2021 I will be in (Circle)? **Year 10 Year 11 Year 12 studying VCE or VCAL**

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Date of Birth: Age on l st January 2021:

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Gender F=female, M=male, U=unspecified

Residential Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Mobile:

Student Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**USI (Unique Student Identifier):**

(This is a **ten digit** number. If you do not have one, please visit [www.usi.gov.au](http://www.usi.gov/) to register. **Your application will not be processed until this number is supplied)**

**Details of any disability, impairment or long-term condition.**

Please note that details of any learning difficulty or medical condition will be passed on to the training provider by the school so that appropriate support can be put in place. Without this support there is a possibility that the course may not be satisfactorily completed. If you have any problems with this please contact the VET Manager at the school.

Please list any diagnosed medical condition e.g. asthma, diabetes?

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If you have a learning difficulty please explain what help you think you will need to be successful:

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Are you of Aboriginal or Torres Strait Islander origin? **Yes No**

What language is spoken at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Status of citizenship/residency? (Tick Box)

 Australian Citizen Permanent Resident Temporary resident

If Temporary Resident please provide details of Visa:

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for a School Based Apprenticeship/Traineeship (SBAT) for 2021? **Yes** **No**

# career goals:

**What do you know about this VET course?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explain why you believe this VET course fits in your Pathways Plan?**

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**Detail any experience you have involving this type of work.**

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# STUDENT AGREEMENT:

Note: Students are expected to complete the full year of the program. They may have to complete work work placement during the holidays to meet the requirements of the course.

I understand that if I am offered a position I must be committed to the program. I agree to attend all training sessions as timetabled each week, complete the work required and complete any work placement including holiday placement as required. I will advise the VET Manager of any reason for non-attendance **before** the weekly training. I will also talk to the VET Manager if at any time I feel unsafe or I do not understand what I am expected to do. I also understand that the training organisation and my employer will be informed of any learning difficulty I have at school so that support can be given to me to be successful as well as any medical condition which may affect my workplace. If offered support I will accept it.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/ guardian details:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Mobile:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Information:**

All information on this form is true and correct. I, and my son/daughter, understand that the information is provided for the purpose of application, selection and enrolment into a Geelong VET program. The information, including details of any learning difficulties and medical conditions, will be provided to the organiser of the course, the Registered Training Organisation and any others involved in the provision of this course at the delivery site. It may also be provided to employers. It is also required for organisation of VET bus travel.

I/We consent to this information being provided. Signed (Parent/Carer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transport to VET classes**

The schools involved in the provision of VET programs currently organise a bus system to transport students to external VET providers on Wednesday afternoons. Travel to classes on any other day must be organised by parents but if there are sufficient numbers in 2021 there may be a bus system organised for Monday afternoons as well. The yearly cost will be confirmed and communicated to schools and parents/carers early in 2021. This payment will need to be paid immediately and is non-refundable. It is expected students board the bus at their home school to travel to the interchange at Matthew Flinders. From Matthew Flinders students travel on another bus that will take them directly to their training venue. This may involve students walking a short distance to where the connecting buses are parked. On arrival students are expected to go straight to the venue ready for classes.

**Parent/Carer Permission:**

I/We understand that travel to the VET provider will be unsupervised. Travel will be mainly undertaken by using the VET buses but for some students, it will be undertaken in other ways eg walking, driving, cycling etc. My son/daughter will be trusted with the responsibility to conduct themselves in a manner that keeps themselves safe, displays respect to the general public, bus drivers and other students, as would be expected if a teacher were present. As a parent/carer, I accept responsibility for making suitable arrangements, in consultation with the home school, for my son/daughter to travel to VET classes or work placement, and will be responsible for the safe pick up at the end of each session, if return transport is not provided. If there are any issues which occur when travelling my son/daughter understands that they need to speak to the trainer when they arrive at the training venue and contact a parent. I will ensure that the home school is immediately notified.

**Indicative Costs:**

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Materials: Transport: Other:

I/We agree to pay all these costs, as directed by my son's/daughter's school. I understand non-payment before the course commences in 2021, may result in my son/daughter being withdrawn from the program. If a deposit has been requested, I agree to pay it and I understand it will be either deducted from the materials costs or refunded if my son/daughter does not get accepted into the course.

Signed (Parent/Carer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed application form to your VET Manager .**

# VET Manager to complete:

Student Attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Literacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Below expected At expected Above expected**

VET Manager Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Phone:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I support this student's application into a VET in Schools program for 2021.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe this student will need assistance in this VET course to be successful?

**Yes** **No**

If Yes – what type of assistance?