**VET IN SCHOOLS**

Student Details Form

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| **PROGRAM** |
| Name of Program: Campus:Delivery Days: | **Certificate II in Civil Construction (RII20715)**Ertech Construction Academy (52 Harrow Street, West Swan) Year 11 Thursday (Terms 1-4) Year 12 Friday (Terms 1-3) |
| **STUDENT DETAILS** |
| Surname: |  |
| Given Names: |  |
| Current School: (if applicable) |  |
| Year commencing program: |  |
| USI Number: |  |
| **MEDICAL CONDITIONS** |
| Do you have any medical conditions? Yes: ☐ No: ☐Do you have any allergies? Yes: ☐ No: ☐ |
| If yes, please provide additional details: |
| **SCHOOL – EDUCATION DETAILS** |
| Year commencing the VETIS Program: Year 11: ☐ Year 12: ☐ |
| SCSA Student Number: |  |
| Current School: |  Mindarie Senior College |
| VET Coordinator’s Name |  Tracey Loughnan |
| VET Coordinator’s Email |  Tracey.loughnan@education.wa.edu.au |
| Phone: |  9304 5813 |
| **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 (eg: references) Report attached: Yes: ☐ |
| **PARENT / GUARDIAN DETAILS (This contact will be used for all correspondence)** |
| Full Name: |  |
| Address: |  |
| Daytime phone number: |  |
| Mobile: |  |
| Email address: |  |

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| **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 commit to participate in this program if selected. |
| Applicant signature: |  |
| Date: |  |
| **PARENT / GUARDIAN AGREEMENT** |
| I certify that the above information is true and correct, that I understand the requirements for fees payable to participate in this program if our child is 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 of the school’s support or otherwise of this application:D |
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| Authorised School Signature: |  |
| Position: |  |
| Date |  |

PLEASE SUBMIT COMPLETED FORM TO: Tracey Loughnan by August 30th 2019.

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| **STUDENT ENROLMENT FORM** | **To the Student:** Please complete and sign this form. By signing you agree that you may be contacted by the Department of Education and Training and asked to participate in one or more surveys about this training program. |
| First Names |  | Surname |  |
| Address |  |
| Suburb/Town |  |
| Postcode |  | Phone |  | Signature | Date |

Please complete the form using an **X** in the appropriate boxes

**Please sign here**

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| **What is your birth date?** |  |  | Birth Date | **Of the following categories which best** |  | To get a job |
|  |  |  |  |  |  |  | **Describes your main reason** | To develop my existing business |
| **What is your sex?** |  |  | Male | **Undertaking this training program?** | To start my own business |
|  |  |  | Female |  |  |  | (tick one box only) |  | To try for a different career |
| To get a better job or promotion |
| **What is your highest completed school year?** | Completed Year 12 |  |  |  |  | It was a requirement for my job |
| **(tick one box)** |  | Completed Year 11 |  |  |  |  | I wanted extra skills for my job |
|  |  | Completed Year 10 | To get into another course of study |
|  |  | Completed Year 9 | For personal interest and self-development |
|  | Completed Year 8 or lower |  |  |  |  |  | Other reasons |
| Did not go to school |
|  |  |  |  |  |  |  | **In which country were you born?** |  |  | Australia |
| **In what year did you complete the above school** |  | Year |  |  |  |  |  | Other – please specify |
|  |  |  |  |  |  |  |  |  |
| **Are you currently attending secondary school?** |  | Yes | **Do you speak a language other than** | No, English only |
|  |  |  | No |  |  |  | **English at home?** | Yes, other – please specify |
|  |  |  |  |  |  |  |  |  |
| **Have you successfully completed any of the following** | Yes | **Are you an Aboriginal or Torres Strait** |  | No |
| **Qualifications?** |  |  | No | **Islander origin? (tick one box only)** | Yes, Aboriginal |
| Yes, Torres Strait Islander |
| **If YES tick any applicable boxes** | Bachelor Degree or Higher Degree | Yes both Aboriginal and Torres Strait |
| Advanced Diploma or Associate |
|  | Diploma (or Associate Diploma) | **Do you consider yourself to have a disability,** | Yes |
| Certificate IV (or Advanced Certificate/Technician) | **Impairment or long term condition?** |  | No |
| Certificate III (or Trade Certificate) |
|  |  | Certificate II | **If YES, please indicate the areas of** | Hearing/Deaf |
|  |  | Certificate I | **Impairment or long term condition.** |  | Physical |
|  | Certificates other than the above | **(you may indicate more than one area)** |  | Intellectual |
|  |  |  |  |  |  | Learning |
| **How well do you speak English?** |  |  | Very well |  | Mental Illness |
|  |  |  | Well |  | Acquired brain impairment |
|  |  |  | Not well |  |  | Vision |
|  |  |  | Not at all |  | Medical Condition |
|  |  |  |  |  |  | Other |