



Application | Pre-Apprenticeships in Schools (PAiS)

for the Automotive Institute of Technology

This course runs for 2 years over 7 terms.

Pre Apprenticeship - Certificate II in Automotive Electrical Servicing AUR20420

Applicant Contact Details

Given Name:	Surname:		
Birth Date:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Postal Address:	Suburb:	State:	P/C:
Street Address:	Suburb:	State:	P/C:
Phone:	Mobile:		
Email:	USI Number:		

Emergency/Parent Guardian Contact Details

Given Name:	Surname:		
Relationship:			
Street Address:	Suburb:	P/C:	
Phone:	Mobile:		
Email:			

Supplementary Details *(Completed by applicant)*

Emergency Medical Contact Name:	Emergency Medical Contact Number:
Medicare Number:	
Do you have any learning difficulties (LLN)?	<input type="checkbox"/> Y <input type="checkbox"/> N Please list:
Do you have any existing medical conditions?	<input type="checkbox"/> Y <input type="checkbox"/> N Please list:

*** This information must be disclosed and will be passed onto your work placement for OSH purposes.

School Details *(Completed by VET Coordinator)*

School Name:	Mindarie Senior College	VET Coordinator:	Tracey Loughnan
<input type="checkbox"/> The student's latest report has been attached			
Postal Address:	PO Box 2003	Suburb:	Mindarie P/C: 6030
Street Address:	14 Elliston Parade	Suburb:	Mindarie P/C: 6030
VET Coordinator Phone:	6207 5550	VET Coordinator Mobile:	0422 255 487
VET Coordinator Email:	tracey.loughnan@education.wa.edu.au		

School Reference *(Completed by 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 in regards to the schools support or otherwise of this application:

School Signature: _____ Date: _____

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About the Applicant *(Completed by applicant)*

Have you done, or are you doing any work experience?

Why do you want to participate in this program?

Please outline your knowledge of and interest in the automotive industry.

What do you plan to do immediately after the conclusion of this course?

Workplace

AIT will arrange a workplace for you to visit for the duration of the course.

If there are any preferences of placement please submit in writing by Term 4 prior to commencement.

Photo Consent

I hereby authorise the Motor Trade Association of WA (MTA WA) to publish photographs taken of me during the course of my studies at the Automotive Institute of Technology, and my name and likeness, for use in the MTA WA's print, online and video-based marketing materials, as well as other Association publications.

I hereby release and hold harmless MTA WA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in MTA WA marketing materials or other Association publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release MTA WA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

- Please tick if you DO NOT consent to photo declaration.

Declaration

I certify that all the information provided as part of this application is true and correct and consent to AIT to provide any relevant information to workplace hosts.

Signature:

Date:

Name (Printed):

If you are under the age of 18 please ensure that your application is signed by a parent or guardian in the space provided below.

Parent/Guardian Signature:

Date:

Name (Printed)

Relationship:

Office Use Only

Received by:

Date Received:

Processed by:

Date Processed:



Automotive Institute
of Technology
RTO #0627