



Toorak College
2017 Application Form
22246VIC Certificate II In Equine Studies

Personal Details

Home School _____ Year Level in 2017 _____

Title: Mr Miss Ms Mrs Other

Family Name _____

Given Names _____

Date of Birth _____ Gender M/ F

Residential Address _____ Post Code _____

Postal Address _____ Post Code _____

Home Phone _____ Mobile _____

Email _____

USI _____ To generate your USI click on the following link
<http://www.usi.gov.au/create-your-USI/Pages/default.aspx>

Do you ever speak a language other than English at home? Yes/ No

If so, what language?

Do you have any disabilities or medical conditions that might impact on your program?
Yes/ No

If so what is your disability?

Do you see yourself taking up a career in the Equine Industry? Yes/ No

Is so in what area? _____

I consent to the use of any photo taken of this activity to be used for promotional purposes.
(eg: in Newsletters, newspapers, pamphlets) Yes/ No

Course Details

22246VIC Certificate II in Equine Studies- Delivered at Toorak College, in auspice arrangement with Box Hill Institute

Please tick which class is applicable-

1st Year Wednesday 1.30pm- 4.30pm

2nd Year Monday 4.00pm-7.00pm

Contact at Toorak College
Danielle Smith
Ph- 9788 7200
Email- danielles@toorakc.vic.edu.au

Next of Kin Details

Title: Mr Miss Ms Mrs Other

Family Name _____

Given Names _____

Home Phone _____ Mobile _____

Email _____

Relationship to student _____

Student Commitment

As a student in the VET Equine Studies Program, I understand and accept the level of commitment that will be required of me and to abide by the following conditions:

1. I shall meet the 90% attendance and participation requirements of this program and arrive on time and appropriately dressed. I acknowledge that my absence from VET sessions may significantly affect on my ability to meet the learning outcomes of the program.
2. In the event of any unavoidable absence I will notify the Toorak College
3. I will abide by the rules of this training center, particularly in regard to occupational health and safety
4. I understand and accept the commitment my participation in the program requires of me
5. I understand I may be removed from the VET Equine Studies Program if I break any of the above conditions.

Name of Student _____

Student Signature _____ **Date** _____

Name of Parent/ Guardian _____

Signature _____ **Date** _____