

VET Agriculture – 2018 Enrolment Form
(Certificate II in Agriculture)



**ELISABETH
MURDOCH
COLLEGE**
PATHWAY TO SUCCESS

Given Name:	Family Name:
2018 Year Level:	
Birthdate:	Gender: (please circle) Male / Female / Other
Address:	
Suburb:	Postcode:
Student Mobile Phone:	
Student Email Address:	
Student USI Number:	
1 st or 2 nd year of this course (please circle):	
<p>The above information will be provided to Elisabeth Murdoch College (EMC) for the processing of your son/daughter's VET application. If their application is successful your school will be advised accordingly to outline the online enrolment process.</p> <p>Once a student has completed their online enrolment, any change/withdrawal will incur an administration charge.</p> <p>Please email or post this completed form to: fawcett-lerossignol.libby.l@edumail.vic.gov.au or post to Elisabeth Murdoch College 80 Warrandyte Road Langwarrin VIC 3910</p>	
Parent / Guardian Name:	
Parent / Guardian Signature:	
Parent / Guardian Phone Contact:	
Parent / Guardian Email:	

Parental Consent and Confidential Medical Report



I (Parent name) _____

give consent for my son/daughter _____
(Student name)

to participate in the **Certificate II in Agriculture**
VETiS Program at Elisabeth Murdoch College

The following information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Student Name: _____

Date of Birth: ___ / ___ / ___ **School attending:** _____ **Year Level:** _____

Parent's / Guardian's Full Name: _____

Address: _____ **Postcode:** _____

Emergency Telephone - Home: _____ **Work:** _____ **Mobile:** _____

Name of Family Doctor: _____

Address: _____ **Phone:** _____

Medicare Number: _____

Medical / Hospital Insurance Fund: _____ **Contribution Number:** _____

Ambulance Subscription: Yes No **Membership Number:** _____

Health care card holder: Yes No **Membership Number:** _____

Medication

1. Is your student presently taking any medication? YES / NO

If YES, please state name of medication, dosage and possible side effects if known etc:

2. The teachers in charge of the class will expect the student to retain control of medication and will leave responsibility with the individual student. (Please label all medication with the student's name, dose to be taken and when it should be taken.)

Consent to Medical Attention

I authorise staff at the Registered Training Organisation to administer first aid to my child, and for the teacher in charge of the VET in Schools program to consent, where it is impracticable to communicate with me, to the student receiving such medical or surgical treatment as may be deemed necessary by a medical practitioner and I agree to meet any costs or expense thereby incurred.

Parent Name: _____

Parent Email: _____

Parent Signature: _____ Date: ___ / ___ / ___