

ELISABETH MURDOCH COLLEGE
EXPRESSION OF INTEREST FORM 2017
Certificate II in Applied Fashion Design & Technology



ELISABETH MURDOCH COLLEGE
PATHWAY TO SUCCESS

Fill in all sections clearly and carefully by writing in block letters.

All data is confidential. Elisabeth Murdoch College is bound by the Victorian privacy laws, the Privacy and Data Protection Act 2014 and the Health Records Act 2001, as well as other laws that impose specific obligations in regard to handling personal and health information that directly or indirectly identifies a person.

The Student Information Book outlining important information and can be found on:

<http://www.emccareers.com.au/?page=custom-page-2>

1 PERSONAL DETAILS **Home School:**

Title: *(Please circle)* Mr Miss Ms Mrs Other

Family Name: _____

Given Names: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____

Date of Birth _____ Gender: _____

Emergency/Next of Kin Contact Details: Name _____ Phone: _____

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

2 COURSE DETAILS: Cert II in Applied Fashion Design & Technology

1st year Wednesday 1.30 – 4.30 pm 2nd year Wednesday 4.30 – 7.30 pm

3 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

No
 Yes, Aboriginal
 Yes, Torres Strait Islander

Were you born in Australia? _____ If not, please specify? _____

Do you speak a language other than English at home?

No, English only *(Go to disability section)*
 Yes, other – please specify

How well do you speak English? Very Well Well Not well Not at all

4 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

No Vision Hearing/Deaf Physical Medical Condition
 Other Intellectual Mental Illness Learning Acquired Brain Impairment

5 EDUCATION

What is your highest completed school level? In which year did you complete that school level

<input type="checkbox"/>	Completed year 12	<input type="checkbox"/>	Completed year 11	<input type="checkbox"/>	Completed year 10
<input type="checkbox"/>	Completed year 9 or equivalent	<input type="checkbox"/>	Completed year 8 or lower	<input type="checkbox"/>	Did not go to school

Are you still attending secondary school? Yes No

Have you successfully completed any of the following qualifications?

<input type="checkbox"/>	Yes (please tick ANY applicable boxes)	<input type="checkbox"/>	No (Go to the Employment section)
<input type="checkbox"/>	Bachelor Degree or Higher Degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	Certificates other than the above

6 EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

<input type="checkbox"/>	Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work
<input type="checkbox"/>	Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not employed – not seeking employment

7 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

<input type="checkbox"/>	To get a job	<input type="checkbox"/>	To develop my existing business
<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	To try for a different career
<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>	It was a requirement of my job
<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>	To get into another course of study
<input type="checkbox"/>	For personal interest or self development	<input type="checkbox"/>	Other reasons

8 DECLARATION & STUDENT COMMITMENT

I consent to the use of any photo taken of this activity to be used for promotional purposes. Yes No

I understand and accept the level of commitment required of me and to abide by the following conditions:

1. I shall meet the attendance and participation requirements of this program and arrive on time and appropriately dressed. I acknowledge that my absence from VET sessions may have a significant effect on my ability to meet the learning outcomes of the program.
2. In the event of any unavoidable absence I will notify this training centre (Elisabeth Murdoch College)
3. I will abide by the rules of this training centre, particularly in regard to occupational health and safety.
4. I understand I may be removed from the VET Program if I break any of the above conditions.

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parental Consent and Confidential Medical Report

I (Parent name) _____

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

to participate in the **Certificate II in Applied Fashion Design & Technology
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: ___ / ___ / _____

**Please email or post completed forms to: fawcett-lerossignol.libby.l@edumail.vic.gov.au or post to
Elisabeth Murdoch College 80 Warrandyte Road Langwarrin, VIC 3910**