



PVET Association – Vocational Education & Training in SCHOOLS Certificate APPLICATION FOR 2019

This is an expression of interest only and final enrolment will depend on student numbers [To be completed and returned to the host school] **STUDENT DETAILS:**

Name: _____ Date of Birth: ___ / ___ / _____ Female Male

Students School: _____ Unique Student Identifier (USI) if known: _____

Home Address: _____ Post code: _____

Phone: _____ Mobile: _____ Email: _____

Year level in 2017: Year 10 Year 11 Year 12

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 this area? Yes No

If so in what area: _____

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

CERTIFICATE APPLIED FOR DETAILS:

Certificate Name: _____

Host school contact: _____

Phone: _____ Email: _____

Delivery Location: _____ Delivery Day & Time: _____

STUDENT COMMITMENT

As a student in the VET 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 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 the relevant training provider
3. I will abide by the rules of this training provider, 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 Program if I break any of the above conditions.

Name of Student: _____

Student Signature: _____ Date: _____

Name of Parent: _____

Parent Signature: _____ Date: _____

Parent email: _____ Phone: _____

PARENTAL CONSENT AND CONFIDENTIAL MEDICAL REPORT FOR VET in Schools Programs

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

to participate in the _____ VETiS Program at _____
(course name) *(course location)*

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: _____

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 child 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: _____

Signed: _____ Date: ___ / ___ / _____