

Trades Skills Centre ~ Enrolment Form 2022

Course Details – tick only one	
SIT20416 Certificate II in Kitchen Operations* – Year 1 <input type="checkbox"/>	AHC20116 Certificate II in Agriculture* – Year 1 <input type="checkbox"/>
SIT20416 Certificate II in Kitchen Operations* – Year 2 <input type="checkbox"/>	AHC20116 Certificate II in Agriculture* – Year 2 <input type="checkbox"/>

* RTO = Access Skills Training (TOID 4603)

Student Details	
Given Names:	Surname:
Residential Address:	
Postal Address:	
Home Phone:	Mobile Phone:
Email Address:	
Home School:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Year Level in 2022: <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	Date of Birth: (dd/mm/yyyy)
Unique Student Identifier: (obtainable from www.usi.gov.au)	
Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:
Do you have a disability or medical condition that might impact your ability to participate in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:
Do you see yourself taking up a career in this industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which area:
Do you experience asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify your triggers:
and/or anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
An up to date action plan is required for each of the conditions above, to be submitted with this Enrolment form. <input type="checkbox"/> Attached - Asthma <input type="checkbox"/> Attached - Anaphylaxis	

Parent / Carer Details		
Title:	Given Name:	Surname:
Home Phone:	Mobile Phone:	
Email Address:		
Relationship to student:		

Student Commitment

As a student seeking to be enrolled in a VET program at the Bayside Christian College Trades Skills Centre, I agree to abide by the following conditions should I be successful in obtaining a place in the program:

1. I understand and accept the commitment my participation in the program requires of me.
2. I shall meet the attendance and participation requirements of this program, and arrive on time and appropriately dressed.
3. I acknowledge that my absence from VET sessions may have a significant effect on my ability to meet the learning outcomes of the program.
4. In the event of any unavoidable absence, I will notify the Applied Learning Coordinator.
5. I will abide by the rules of the Bayside Christian College Trades Skills Centre, particularly in regard to occupational health and safety.
6. My behaviour while a student at the Centre will be consistent with the Bayside Christian College Purposes.
7. I acknowledge that as a Christian School, Bayside Christian College delivers its VET programs in ways which are consistent with its worldview.
8. I understand I may be removed from the VET program if I breach any of the above conditions.

Full name of student:

Student signature:

Date:

Name of parent / carer:

Parent / carer signature:

Date:

Parent / Carer Approval

As the parent/carer of a student seeking to be enrolled in a VET program at the Bayside Christian College Trades Skills Centre, I agree to abide by the following conditions should he/she be successful in obtaining a place in the program:

1. I declare that the information supplied in this Application Form is to the best of my knowledge true and accurate at the time of signing, and that all pertinent information relating to the enrolment of my child, including medical and disability details, has been disclosed.
2. I understand that failure to disclose information or providing misleading or false information during the enrolment process may result in the College withdrawing an offer or terminating an enrolment.
3. I understand that the information provided on this Application Form is collected for the purposes of registration, work placement, preparing statistics, reporting, program monitoring and evaluation, and that its contents may be disclosed to and used for these purposes by Bayside Christian College, Access Skills Training (TOID 4603), Peninsula Vocational Education and Training, Department of Education and Training, Department of Education Science and Training, Local Learning and Employment Network, and employers.
4. **I consent to the use of photos taken of my child participating in the VET program to be used for advertising the program in the Bayside Christian College newsletter and year book, and in local newspapers:** **No** (By signing below you agree to the use of photos used as specified, unless this box is ticked)
5. I authorise staff at the Bayside Christian College Trades Skills Centre to administer first aid to my child and, where it is impracticable to communicate with me, to him/her 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.
6. I accept the expectation that students enrolled in a VET program at the Bayside Christian College Trades Skills Centre will retain control and responsibility of their own medication whilst at the Centre. (If relevant, please label all medication with the student's name, dose to be taken and when it should be taken.)
7. I agree to meet all costs associated with the enrolment of my child, including materials and equipment.
8. I acknowledge my responsibility to arrange transport of my child to and from the VET program.

Name of parent / carer:

Parent / carer signature:

Date: