



# PVET Association –Vocational Education & Training (VET - In Schools) Certificate Application 2022

**This is an 'Expression of Interest' form only. Final enrolment will depend on required student numbers to offer each VET program.** [To be completed and returned to the host school offering the VET program]]

## STUDENT DETAILS:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ Female / Male /other

**Students School:** \_\_\_\_\_ **Unique Student Identifier (USI) :** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Post code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year level in (2021):** Year 10 Year 11 Year 12 (please circle)

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. (e.g.: in Newsletters, newspapers and pamphlets) Yes / No

## VET PROGRAM 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:**

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.

In the event of any unavoidable absence I will notify the relevant training provider.

I will abide by the rules of this training provider, particularly in regard to occupational health and safety.

I understand and accept the commitment my participation in the program requires of me.

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:** \_\_\_\_\_

# PARENTAL consent and CONFIDENTIAL Medical Report for VET Delivered to Secondary Schools 2022

I \_\_\_\_\_ give consent for my son/daughter \_\_\_\_\_  
(parent name) (Student name)  
to participate in the \_\_\_\_\_ VETDSS 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

Is your child presently taking any medication? YES / NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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/Guardian Name** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_