

2016 VETiS PROGRAM ENROLMENT FORM



Program Details		
Program Name	Year	<input type="checkbox"/> First <input type="checkbox"/> Second
Training Location		
Student Details		
Surname	Date of Birth	
Given Names	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postal Address		
Suburb	Post Code	
Home Phone	Student Mobile Number	
Email	<input type="checkbox"/> VCE <input type="checkbox"/> VCAL Current School Year Level	
School currently attending	Unique Student Identifier No. (USI)	
<input type="checkbox"/> Are you of Aboriginal or Torres Strait Island descent?	Are you from a Non-English Speaking Background?	
Do you have any disabilities? Do you require assistance because of your disability?		
<input type="checkbox"/> Visual/Sight/Seeing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual
<input type="checkbox"/> Chronic Illness (e.g. asthma)	<input type="checkbox"/> Learning	<input type="checkbox"/> Other (please specify) _____
Emergency Contact Details		
Name	Relationship to Student	Contact Number
Name	Relationship to Student	Contact Number
Student Agreement		
<p>I have read the Students Guidelines and have discussed my participation in the program with my parents/guardians. I understand that to complete the program and gain the VET Certificate I must meet the requirements of both the VET course and my VCE or VCAL. I will endeavour to keep up to date with my studies. I agree to abide by the rules of the training centre, Youth Connect's work placement requirements and companies in which I work, including those rules relating to safety, punctuality, attendance and the coordination of work placements.</p>		
Student's Signature		Date
Parent/Guardian Endorsement		
<p>I consent to my child taking part in this program. My child has consulted me about his/her involvement in the program and I understand the commitment required. I agree that he/she will be subject to the direction and control of the nominated supervisor of the employer and/or training centre and I expect my child to obey all reasonable rules governing safety and behavior. I also acknowledge that it is my child's responsibility to attend all classes throughout the year. In the event of illness or accident to my child, I understand I will be notified as soon as possible, but where it is not possible to communicate with me within a reasonable time frame (in the circumstances), I authorise the person in charge at the workplace or training centre to consent to my child receiving such medical and surgical treatment (including the administration of an anesthetic) as may be deemed necessary by a legally qualified medical practitioner. I understand that the employer and/or training centre will take all reasonable care for the safety and health of my child.</p>		
Parent/Guardian Signature	Name	Date
Photo Release		
<p>I give permission for Youth Connect to use and publish my child's first name with the photographs and/or videos that contain images of my child in publications (including newsletters, websites, brochures, newspaper articles or press releases and guides) that will be shared with the wider community and public or for reporting purposes.</p>		
<input type="checkbox"/> Yes, I agree to having my child's images released for marketing purposes <input type="checkbox"/> No, I do not wish my child's images to be used for marketing purposes		
School Endorsement		
<p>The school VET/VCAL/Careers Coordinator must endorse that the student is deemed suitable for the program. I endorse that the above named student has undertaken course/career counselling and is deemed suitable to undertake this program.</p>		
School Representative	Position	
School Name		
Phone Number	Email Address	
School Representative Signature	Date	
Please return the completed form to Youth Connect		
Post: Youth Connect, 2A Station Street, Moorabbin, Vic, 3189 Email: admin@youthconnect.com.au or Fax: (03) 8306 6301		

Privacy Information: The information provided on this form is for the registration and administration of students participating in Youth Connect administered VET Program and related structured workplace learning arrangements and in addition to your school, will be disclosed to the person in charge at the workplace or training centre. The information may be used for government reporting purposes, in a statistical format only. The information provided will not be used for any other purposes.

For more information please contact Youth Connect on 03 8306 6300 or visit www.youthconnect.com.au