

# WHEELLY GOOD COFFEE PROGRAM ENROLMENT FORM

PLEASE PRINT CLEARLY



Program Details		
Program Name: Wheelly Good Coffee Youth Program Please <input checked="" type="checkbox"/> program enrolling in: <input type="checkbox"/> 6 Week <input type="checkbox"/> Cafe Boot Camp Cafe Express: <input type="checkbox"/> Barista: <input type="checkbox"/>		
Training Location: Youth Connect, 2A Station Street, Moorabbin		
Student Details		
Surname	Date of Birth	
Given Names	Gender - Male/ Female	
Postal Address		
Suburb	Post Code	
Home Telephone Number	Student Mobile Number	
Email	<input type="checkbox"/> VCE <input type="checkbox"/> VCAL (if applicable)	
School currently attending	Current School Year Level	
<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?		
<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) _____
Do you require assistance because of your disability?		
Emergency Contact Details		
Name	Relationship to Student	Contact Number
Name	Relationship to Student	Contact Number
Student Agreement		
I have discussed my participation in the program with my parents/guardians. I understand that to complete the program and gain the Statement of Attainment I must meet the requirements of the program including maintain attendance. I agree to abide by the rules of the training centre, Youth Connect's work placement requirements and including those rules relating to safety, punctuality, attendance and the coordination of work placements.		
Student's Signature	Date	
Parent/Guardian Endorsement		
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.		
Parent/Guardian Name	Signature	Date
Photo Release		
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.		
<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/Agency Endorsement		
The school/VET/VCAL/Careers Coordinator/case worker must endorse that the student is deemed suitable for the program. I endorse that the above named is deemed suitable to undertake this program.		
Representative	Position	
Name		
Phone Number	Email Address	
Signature	Date	
Please return the completed form to Youth Connect		
Phone: (03) 8306 6300	Fax: (03) 8306 6301	
Post: 2A Station Street, Moorabbin 3189		

**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.

OFFICE USE ONLY	Received	Confirmation Form Sent
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For more information please visit [www.youthconnect.com.au](http://www.youthconnect.com.au)