

CHELTENHAM SECONDARY COLLEGE VET ENROLMENT FORM 2015

Please print clearly

Student Details		
Surname:	Date of Birth:	
Given Name:	Gender – Male/Female	
Postal Address:		
Suburb:	Post code:	
Home telephone number:	Student Mobile Number:	
Email:	VCE or VCAL student (circle one)	
School you currently attend:	Year Level:	
Aboriginal/Torres Strait Islander descent? Yes / No	Non-English Speaking background? Yes / No	
Do you have any disabilities? Yes / No		
<input type="checkbox"/> Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Illness (specify) _____
<input type="checkbox"/> Other (specify) _____		
Do you require assistance for any of the above disabilities?		
Emergency Contact Details		
Name:	Relationship to Student:	Contact Number:
Program Details		
Program Name: Please tick.		
<input type="checkbox"/> Automotive	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2
<input type="checkbox"/> Engineering	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2
<input type="checkbox"/> Transport & Logistics		
Student Agreement		
I have read the ‘Cheltenham Secondary College Student Information Manual incorporating the Code of Conduct and Behaviours for Learning’ and have discussed my participation in the program with my parents/guardians. I understand that to complete the program and obtain the VET/Pathways Certificate I must meet the requirements of the VET course and my VCE/VCAL. I will endeavour to keep up to date with my studies. I agree to abide by the rules of Cheltenham Secondary College as outlined in the Student Code of Conduct. I also agree to abide by the rules of any work place in which I will work, including those rules related to safety, punctuality, attendance and the coordination of work placements.		
Student 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 trainer and supervisor of the employer and/or training centre and I expect my child to obey all reasonable rules governing safety and behaviour. 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 that 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 Cheltenham Secondary College, or the workplace, or training centre, to consent to my child receiving such medical and surgical treatment (including the administration of anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I understand that Cheltenham Secondary College, 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 Cheltenham Secondary College to use and publish my child’s name with the photographs and/or videos that contain images of my child, in our publications (including newsletters, websites, brochures, newspaper article or press releases and guides) that will be shared with the wider community and public:		
<input type="checkbox"/> Yes I agree		
<input type="checkbox"/> No, I do not agree		

School Endorsement	
The 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/careers counselling and is deemed suitable to undertake this program.	
School Representative:	Position:
School Name:	
Phone Number:	Email Address:
Signature:	Date:
Please return this completed form Attention to the Careers & Pathways Leader, Cheltenham SC	
Bernard St Cheltenham 3192	
Phone: 9555 5955	Fax: 9555 8857