



REGIONAL VET PROGRAM/S I WOULD LIKE TO ENROL IN FOR 2022 ARE:

INDUSTRY PATHWAY	HOST SCHOOL
First Choice:	
Second Choice (if above is unavailable)	

STUDENT DETAILS:

Student name: Gender (please tick): M F Current year level:

Home School: Home/Care group: Student ID:

Aboriginal (please tick): YES NO or Torres Strait Islander: YES NO

Australian Citizen: Australian Permanent Resident: Australian VISA holder: VISA Subclass Code:

English as a Second Language (please tick): YES NO Language/s spoken at home:

SACE ID number: Unique Student Identifier (USI*):

Mobile phone number: Date of birth:/...../.....

Mailing address:

Email address:

*To register for a USI, please go to www.usi.gov.au

PARENT/CAREGIVER CONTACT DETAILS:

Mr Mrs Miss Ms (please tick) Parent/Caregiver name:

Parent/Caregiver nationality: Relationship to student:

Home phone number: Mobile phone number:

Alternate phone number(s):

Mailing address:

Email address:

EMERGENCY CONTACT DETAILS: (other than the enrolling parent/caregiver)

Name: Relationship to student:

Home phone number: Mobile phone number:

ENDORSEMENT

Parent/Caregiver name:

Parent/Caregiver signature: Date:/...../20.....

Student signature: Date:/...../20.....

VET Leader signature: Date:/...../20.....

This form is an Expression of Interest only. Host Schools will contact students who have applied for programs to discuss and arrange selection and enrolment procedures.

LEARNING SUPPORT:

If applicable, please record any information regarding learning difficulties, disability, Negotiated Education Plan, Individual Learning Plan, behavioural issues etc that the Host School/Organisation will need to know to be able to support the student effectively. Please attach supporting information if required.

MEDICAL INFORMATION:

In the case of injury or illness, every effort will be made to reach either the parent/caregiver or the emergency contact listed on page 1. A student will not be sent home without the permission of the contacted person. Host School/Organisation staff will administer basic first aid and will normally rely on the contacted person to arrange medical treatment. An ambulance will be called where urgent/emergency treatment is required.

Student’s Medicare number: Individual Number on card:

Family Doctor name: Phone number:

Medic Alert number (if applicable): Date of last tetanus immunisation:

Does this student wear (please tick)? Glasses [] Contact lenses [] Hearing aid []

MEDICAL CONDITION/S: (please attach supporting information if required, eg Health Care Plan)

Does this student have a medical condition or health problem that might adversely affect him/her (please tick)? YES [] NO []

If yes, what is the nature of the condition?

If yes, how could it affect the student?

If yes, what treatment is required?

MEDICATION: (please attach supporting information if required)

Is it necessary for this student to take medication at school as part of the treatment for any medical condition? YES [] NO []

If yes, please give details of medication below (and/or attach any supporting information if required, eg Health Care Plan):

Name of Medication(s)	Dose	Where to be taken	Possible side effects	How medication is administered

AMBULANCE COVER:

Does the student have Ambulance Cover (please tick)? YES [] NO []

COMMITMENT TO PAY TO PARTICIPATE IN WASSN:

✓ I agree to pay the WASSN Gap Fee (if any) for the course my child is attending: YES [] NO []

✓ I agree to pay the WASSN VET Fee: YES [] NO []

*WASSN VET Fee structure is as follows:

Students enrolled at WASSN Schools \$100 - Students enrolled at non WASSN DfE Schools \$150 - Students enrolled at non DfE Schools \$200

PERMISSION:

I give permission for:

- ✓ The student listed on page 1 to participate in the Regional VET Program/s identified on page one, hosted by the School/Organisation identified on page 1.
- ✓ The student listed on page 1 to attend this program away from the school site (if applicable). I am aware that I am responsible for his/her attendance and travel costs.
- ✓ Images (photos/video) of the student listed on page 1 to be used for promotional purposes YES [] NO []
- ✓ The information on this form to be supplied to the Host School/Organisation to ensure the safety and wellbeing of the student.
- ✓ The Host School/Organisation to call an ambulance when, in the judgment of a First Aid Officer, urgent medical attention is required (the parent/caregiver will be liable for any costs associated).

Parent/Caregiver signature: Date:/...../20.....