

Student Expression of Interest Form 2021 Courses

Before completing this form please make sure you have read the detailed course information for the course/s you are applying for (these are available on our website – www.wats.sa.edu.au).



REGIONAL VET PROGRAM/S I WOULD LIKE TO ENROL IN FOR 2021 ARE:

CERTIFICATE NAME	HOST SCHOOL	COST TO STUDENTS
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:

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

Phone number: Mobile phone number:

ENDORSEMENT:

Parent/Caregiver name:

Parent/Caregiver signature: Date:

Student signature: Date:

VET Leader signature: Date:

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

PLEASE NOTE: Schools outside of the member portfolio as per WASSN Policy, there will be an administration fee of \$100.00 per student, to be invoiced to the Home School by WASSN.

PLEASE RETURN THE STUDENT EXPRESSION OF INTEREST, COMMITMENT TO PAY, CODE OF CONDUCT AND MEDIA CONSENT FORMS AND HAND TO YOUR VET LEADER (see your VET leader for the due date)

VET Leaders: please enter into WebVET by FRIDAY WEEK 8, TERM 3 (11th September, 2020) and forward a copy of both sides of this form to the Host School.

PLEASE TURN OVER - ensure reverse side of form has been completed

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.

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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 one. 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: 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 (please tick)? 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	When 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) with the course my child is attending. YES NO

PERMISSION:

I give permission for:

- the student listed on page one to participate in the Regional VET Program/s identified on page one, hosted by the School/Organisation identified on page one.
- the student listed on page one 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 one to be used for promotional purposes (please tick): 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 judgement of a First Aid Officer, urgent medical attention is required (the parent/caregiver will be liable for any costs associated).

Parent/Caregiver signature: Date: