

## Vocational Training Course Enrolment Form 2011

There is a cost for students to undertake any course offered in our Vocational Training Taster course & Certificate course options list, which covers the Registered Training Organisations (RTOs) cost for delivering the course.

Student involvement in any of these courses, and arrangements regarding payment of the course fees must be discussed with the school VET Co-ordinator prior to enrolment. Once signed, this form commits the student / parent to payment for the course prior to commencement. Note that most RTOs have a "no refund policy" (except in exceptional circumstances) should a student change their mind or not attend, and the full course cost will still be payable by the student / parent.

Bookings will be taken on a "first come – first served" basis, with confirmation or otherwise of a place on the nominated course made within one week of receiving this enrolment form from the VET Co-ordinator/Case Manager.

Submit this completed form to your School's VET Co-ordinator (or **Case Manager if a FLO student**) for processing.

★ This form must be signed by all parties to be accepted.

★ Student's name (first name): \_\_\_\_\_ (surname): \_\_\_\_\_

★ Birth date: \_\_\_\_\_ 2011 Year level: \_\_\_\_\_ School: \_\_\_\_\_ Male / Female (circle)

Health Card: (circle) Yes / No (in some courses, by showing a current Health Card, concession prices may be accessed)

★ Home Address: \_\_\_\_\_ p/code: \_\_\_\_\_

★ Home Phone Contact: \_\_\_\_\_ Student Mobile: \_\_\_\_\_

★ Emergency Contacts - Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_;

★ Are you Aboriginal or a Torres Strait Islander: (circle) Yes / No ★ English is my second language: (circle) Yes / No

★ Do you have a disability or medical condition: (circle) Yes / No If yes, please specify: \_\_\_\_\_

★ Consent for your photo to be used for promotional purposes: (circle) Yes / No

I am applying to undertake the course (title in full) \_\_\_\_\_

Delivered by: \_\_\_\_\_ Starting term: \_\_\_\_\_ 2011. Cost approx \$ \_\_\_\_\_

I have read the course information sheet, agree to attend all sessions of the course, undertake any Structured Work Placement required and meet the student requirements as outlined on the course information sheet.

★ Student signature: \_\_\_\_\_ date \_\_\_\_\_

I understand that agreement needs to be reached with the school re: course payment.

★ Parent name \_\_\_\_\_ signed: \_\_\_\_\_ date \_\_\_\_\_

Disclaimer: Advertised courses may be cancelled by Community Partnerships @ Work or the RTO should there be insufficient bookings. Costs may be varied from the published lists from time to time. Details are confidential to be school, CP@W and the RTO. Any info given on this form will be subject to the Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2002.

Is student enrolled as **FLO?** (circle) Yes / No **IF YES;** name of Case Management Agency \_\_\_\_\_

Is the student **YCE?** (circle) Yes / No (for billing purposes)

Has this referral been made in consultation with the student's PLP / Flexible Learning Plan? (circle) Yes / No

**Relevant work placement** adds to the VET experience – we encourage students / VET Coordinators to organise their own work placements. If needed, CP@W can provide assistance to locate host employers.

★ VET Co-ordinator / Case Manager: Name: \_\_\_\_\_ signed: \_\_\_\_\_

Information re: special consideration with regards to learning needs:

\_\_\_\_\_  
 \_\_\_\_\_ PTO

**VET Co-ordinator / FLO Case Manager** – submit this form to: Course Enrolment, CP@W, Fax 8382 2916

Updated 20/9/2010