**Geelong VET Delivered to Secondary Students Application Form 2024**

# **VET Program details:**

Name of VET Program 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Delivery Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of course (circle) **1 or 2**

# Student details:

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attending in 2024: Belmont High School

In 2024 I will be studying (Circle) **VCE VOC Major or VPC** ( Circle ) **Year 10 Year 11 Year 12**

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Date of Birth:

Age on l st January 2024: Gender F=female, M=male, U=unspecified

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Mobile:

Student Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**USI (Unique Student Identifier):**

(This is a **ten digit** number. If you do not have one, please visit [www.usi.gov.au](http://www.usi.gov/) to register. **Your application will not be processed until this number is supplied)**

**Details of any disability, impairment or long-term condition.**

Please note that details of any learning difficulty or medical condition will be passed on to the training provider by the school so that appropriate support can be put in place. Without this support there is a possibility that the course may not be satisfactorily completed. If you have any problems with this please contact the VET Manager at the school.

Please list any diagnosed medical condition e.g. asthma, diabetes?

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If you have a learning difficulty please explain what help you think you will need to be successful:

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Are you of Aboriginal or Torres Strait Islander origin? **Yes No**

What language is spoken at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Status of citizenship/residency? (Tick Box)

Australian Citizen Permanent Resident Temporary resident

If Temporary Resident please provide details of Visa:

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for another VET course or a School Based Apprent/traineeship (SBAT) for 2024? **No**

**Yes**  Name of Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **career goals:**

**What do you know about the VET program you are currently applying for?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explain why you believe this VET course fits in your Pathways Plan?**

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**Detail any experience you have involving this type of work.**

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# **STUDENT AGREEMENT:**

Note: Students are expected to complete the full two year program.

I understand that if I am offered a position I must be committed to the program. I agree to attend **all** training sessions as timetabled each week, complete the work required and complete any work placement including holiday placement as required. I will advise the VET Manager of any reason for non-attendance **before** the weekly training. I will also talk to the VET Manager if at any time I feel unsafe or I do not understand what I am expected to do. I also understand that the training organisation and my employer will be informed of any learning difficulty I have at school so that support can be given to me to be successful as well as any medical condition which may affect my workplace. If offered support I will accept it.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Parent/ guardian details:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Mobile:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Information:**

All information on this form is true and correct. I, and my son/daughter, understand that the information is provided for the purpose of application, selection and enrolment into a Geelong VET program. The information, including details of any learning difficulties and medical conditions, will be provided to the organiser of the course, the Registered Training Organisation and any others involved in the provision of this course at the delivery site. It may also be provided to employers. It is also required for organisation of VET bus travel.

I/We consent to this information being provided. Signed (Parent/Carer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transport to VET classes**

Government funding for the VET bus system in 2024 is not yet confirmed. If 2024 funding is secured by the GRLLEN the VET bus system will operate across the cluster according to the outline below. (Individual schools will update their school communities re funding in due course.)

Students will board the bus at their respective home school to travel to the VET training venue, the city, or the interchange at Fenwick St, close to Matthew Flinders Girls Secondary College. From this interchange some students will travel on another bus that will take them directly to their training venue. This may involve students walking a short distance to where the connecting buses are parked or a nearby training venue. If the students are dropped off in the city, they will walk a short distance to their training venue. On arrival at the venue students are expected to go straight to their VET classes. **Please note that travel on this bus is not supervised.** If VET classes are at the start of the school day parents will need to support students to get to the venue and also arrange travel at the end of the afternoon sessions. Travel to classes on any other day must be organised by parents but if there are sufficient numbers and funding available in 2024 then additional buses may be scheduled.

**Parent/Carer Permission:**

I/We understand that travel to the VET providers/venues will be unsupervised. My son/daughter will be trusted with the responsibility to conduct themselves in a manner that keeps themselves and others safe, displays respect to the public and the environment, as would be expected if a teacher were present. As a parent/carer, I/we accept responsibility for making suitable arrangements, in consultation with the home school, for my/our child to travel to VET classes and will be responsible for their safe drop off at the start of the day if required and pick up at the end of each session, if return transport is not provided. If there are any issues/concerns which occur when travelling, my child understands that they need to speak to their trainer on arrival to the venue and contact their parent/carer. I/We will notify the home school immediately.

Signed (Parent/Carer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed application form to your VET Manager .**

# **VET Manager to complete:**

Student Attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Literacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Below expected At expected Above expected**

VET Manager Name: Megan McPherson

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Contact Phone:

Email Address: megan.mcpherson@education.vic.gov.au

**I support this student's application into a VET in Schools program for 2024.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe this student will need assistance in this VET course to be successful?

**Yes** **No**

If Yes – what type of assistance?