**2015 Expression of Interest**

<table>
<thead>
<tr>
<th>Name of Program/Course:</th>
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<tbody>
<tr>
<td>Name of RTO:</td>
<td>Charles Darwin University</td>
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*Students and parents/guardians must complete the first two sections of this form and return it to the school VET Coordinator. Please note THIS IS NOT AN ENROLMENT FORM. The RTO Program Coordinator will contact the student/school VET Coordinator (as indicated in the form) with interview details and results.*

### STUDENT (to be completed by the student in BLOCK LETTERS)

<table>
<thead>
<tr>
<th>SACE Board Number</th>
<th>Compulsory Unique Student Identifier</th>
<th>School enrolled in Year 2014</th>
<th>School enrolled in Year 2015</th>
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Surname: ___________________________  Given name/s: ___________________________

Date of birth: ___________________________  Current year level: ___________________________

Phone: ___________________________  Mobile: ___________________________

Do you identify yourself as Indigenous? [ ] Yes [ ] No

Gender  [ ] Male  [ ] Female  Please Print Clearly

Email address: ______________________________________________________

Postal address: ____________________________________________________  Postcode: _______  

Home address: ____________________________________________________  Postcode: _______

Parent/guardian name: ____________________________________________  Phone: ___________________________

Have you applied for this course with any other registered training organisation?  [ ] Yes  [ ] No

If yes, please list: ______________________________________________________

Have you participated in or completed any other VET in School qualifications already?  [ ] Yes  [ ] No

If yes, please list: ______________________________________________________

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**Student (Applicant) Commitment:**

1. I understand that full attendance is critical to success in this program and will strive to meet this requirement.
2. I understand that I need to achieve all elements of competence in order to receive a Statement of Attainment or Certificate and to gain maximum credit towards my NTCET
3. I understand that original VET transcripts and certificates will be sent directly to me and that I am responsible to provide copies to my school if I want my VET Qualification to count towards my ATAR.

Applicant’s Signature: ___________________________  Date: ___________________________
IMPORTANT PLEASE NOTE  Permission sections must be completed

PARENT/GUARDIAN PERMISSION:
I, (name) _______________________________ give permission for my child,

(name) ______________________________________ to select a VET program that:

(a) may be offered in a location other than my child’s school; (b) may attract material fees from the training provider;
(c) may have a timetable that extends beyond normal school hours; and (d) will require additional enrolment and
resulting information to those of the secondary school.

1. Provide any medical conditions that the trainer should be aware of.

2. Does your child have a disability or condition that will impact on his/her ability to undertake any theoretical or
practical study in this VET program?  
   ☐ Yes  ☐ No

3. If yes, please specify ____________________________________________________________

4. I give permission for my child to participate in excursions and activities directly related to the delivery of the vocational program.  
   ☐ Yes  ☐ No

5. I give permission for my child to participate in a Structured Work Placement and permit the information on this form
to be provided to a host workplace for the purpose of managing the structured work placement.  
   ☐ Yes  ☐ No

6. I give permission to the host workplace to administer first aid and/or arrange an ambulance for my child if it is
necessary for his/her health or welfare:  
   ☐ Yes  ☐ No

7. I give my permission for my child to attend Structured Work Placement on licenced premises where alcohol may be
in the vicinity.  
   ☐ Yes  ☐ No

8. I give permission for my child’s results to be given to his/her school and to the Department of Education.

9. I give permission for my child to receive assistance in setting up their Unique Student Identifier.

10. I give permission for my child to access on-line training material and other internet or electronic applications as
required by the training provider and under the policies and procedures of the training provider.

11. I agree to the use of my child’s image and name in promoting VET in Schools and/or VET related publications.

Parent/Guardian Signature:  Date:

SCHOOL VET COORDINATOR

VET Coordinator __________________________  Phone: __________________ Fax: ____________

School: __________________________________ supports the above student in undertaking this VET program.

Signed: __________________________  Date: ______________

Please send/fax to the relevant RTO contact person. Please also indicate (*) below if the RTO Program Coordinator needs to contact either the VET Coordinator or students to arrange an interview time.

RTO PROGRAM COORDINATOR

Program Coordinator __________________________  Phone: ____________  Fax: ____________

Does the student require an interview  
   ☐ Yes  ☐ No

*If yes, contact (School VET Coordinator - please circle one of the following) the student/VET Coordinator to arrange
a time and complete the following:

Date and Time:  / / am/pm  Telephone: ____________

Venue:  

**** Please send/fax or email to School VET Coordinator for their records ****

Advise Secondary School VET Coordinator of acceptance:  Date:

Provide students with course information and delivery information:  Date:

Program Coordinator Signed:  Date: