**20___ Expression of Interest**

<table>
<thead>
<tr>
<th>Name of Program/Course:</th>
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<tbody>
<tr>
<td>Name of RTO:</td>
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</table>

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>School enrolled in Year 20___</th>
<th>School enrolled in Year 20___</th>
</tr>
</thead>
</table>

Surname: ___________________  Given name/s: ___________________

Date of birth: ___________________  Current year level: ___________________

Phone: ___________________  Mobile: ___________________

Do you identify yourself as Indigenous?  □ Yes  □ No

Gender  □ Male  □ Female

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 completed any other VET in School qualifications already?  □ Yes  □ No

If yes, please list

Applicant’s Signature: ___________________  Date: ___________________
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?

3. If yes, please specify ☐ Yes ☐ No ____________________________________________

4. 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 work place for the purpose of managing the structured work placement. ☐ Yes ☐ No

5. 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

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

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

8. Further, I agree to the use of my child’s image and name in promoting or producing media stories for the VET program he/she is enrolled in.

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:

<table>
<thead>
<tr>
<th>Date and Time:</th>
<th>/ / am/pm</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue:</td>
<td></td>
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</tbody>
</table>

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

Advise Secondary School VET Coordinator of acceptance: Date: ________________

Provide students with course information¹ and delivery information²: Date: ________________

Program Coordinator Signed: Date: ________________

¹ Course information includes course code, unit name and code, nominal hours, etc;
² Delivery information includes commencement and completion date, class times and location.