PLEASE SELECT WHICH WORKSHOP YOU WOULD LIKE TO ATTEND

Hospitality & Cookery

Hairdressing & Beauty

STUDENT DETAILS		
First Name:	Last Name:	
Mobile or Phone:	Current Year Level:	
Postal Address:		Postcode:
Please list any allergies you may have:		
Student Signature:	_	
PARENT/GUARDIAN DETAILS (emergency conta	act)	
First name:	Last Name:	
Relationship to student:	Mobile/Phone:	
Email:		
Parent Signature:	_	
SCHOOL DETAILS		
School Name:	VET Coordinator:	
Contact Phone:		
Contact Email:		
Signaturo		

PLEASE RETURN YOUR COMPLETED FORM TO YOUR VET OR YEAR LEVEL COORDINATOR BY 31ST MAY 2024.

Coordinators, please return to Vocational Pathways Coordinator Hayley Wilson hwilson@sjcmda.vic.edu.au