

# VET for Secondary Students



NT Department of Education compliant

## 2023 Expression of Interest Form

Students and parents/guardians must complete all relevant sections of this form and return it to your 2022 Secondary School VET Coordinator. The CDU Program Lecturer will contact the Secondary School to arrange pre-enrolment interviews and selection details.

1. APPLICANT DETAILS			
Last Name		First Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Town/City of Birth		Mobile Phone	
USI Unique Student Identifier <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a>	If you know your 10 digit USI please write in the box ➡ Have you previously supplied CDU with your USI but can't remember it? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously supplied another RTO with a USI but can't remember it? <input type="checkbox"/> Yes <input type="checkbox"/> No Please write the name of the RTO in the box ➡		
Email Address			
Postal Address			
<b>International Students</b>	Are you an International Student VISA Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require VET Results to contribute to your High School Qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>VET Program Details</b>	Where is your school located? <input type="checkbox"/> Darwin/Palmerston Region <input type="checkbox"/> Alice Springs <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Other		
Choice 1 <small>You do <u>not</u> have to select more than 1 program</small>	Program Name: _____		
Choice 2	Program Name: _____		
Choice 3	Program Name: _____		
<b>Secondary School Details</b>	Name of 2022 School: _____ 2022 Year Level: _____ Name of 2023 School: _____		
<b>Previous VET Programs</b>	<i>List any VET Courses you have already done:</i> Program Name: _____ RTO Name: _____ Program Name: _____ RTO Name: _____		
Please write a sentence on why you would like to participate in your first choice VET program.	_____ _____ _____		
<b>Student Applicant Commitment</b>	If I am selected to participate in this course I understand: <ul style="list-style-type: none"> <li>• That full attendance is critical to success in this program and will strive to meet this requirement.</li> <li>• That I will be taught in an Adult Education setting and that training, assessment and behaviour expectations will be different from that experienced in Secondary School. I will strive to meet these expectations.</li> <li>• That I need to achieve all elements of competence in order to receive a Statement of Attainment or Certificate and to gain maximum credits towards my NTCET.</li> <li>• 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.</li> </ul> Applicants Signature: _____ Date: _____		

2. PARENT/GUARDIAN PERMISSION	Please complete all details clearly in BLOCK LETTERS All Sections must be completed
Parent/Guardian Name	
Emergency Contact Details	
About your Child	<p style="text-align: center;"><b>Special Needs</b></p> <p>Let us know if your child has any special needs that may affect their participation in this course.</p> <p>1. Reading and writing or understanding English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Maths and numbers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Hearing, vision, physical disability, medical condition, mental illness, acquired brain impairment, learning issues, something else. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered YES to any of these questions, your Child's Secondary School VET Coordinator will complete an NT Department of Education Training Access Plan (TAP) and provide it to CDU to determine if/what assistance or adjustments can be made to enable your child to participate in the desired VET program.</p>

I, (name) \_\_\_\_\_ give permission for my child, (name) \_\_\_\_\_ to:

1. 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.
2. Participate in excursions and activities directly related to the delivery of the VET program.
3. 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.
4. For CDU or 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.
5. (If related to the VET program) For my child to attend Structured Work Placement on a licenced premises, where alcohol may be in the vicinity.
6. For my child's VET results to be shared with his/her school and the NT Department of Education
7. For my child to receive assistance in setting up his/her Unique Student Identifier
8. For my child to access on-line training materials and other internet or electronic applications as required by the training provider and under the policies and procedures of the training provider.
9. For the use of my child's image and name in promoting VET for Secondary Students and/or VET related publications
10. Be withdrawn from the VET program and returned to the care and supervision of the Secondary School should he /she not participate in the VET program appropriately or creates an unsafe environment for self or other participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. SECONDARY SCHOOL PERMISSION	Please complete all details clearly in BLOCK LETTERS All sections must be completed
VET Coordinators Name	
School Name	
<p>I have read the Expression of Interest form above. If a TAP is required, I will liaise with CDU for appropriate completion. As VET Coordinator at (name of school) _____ I commit that I and staff from our school will support the above student in undertaking this VET program.</p> <p>Signed: _____ Date: _____</p> <p>If parent/guardian has identified a disability at 2 above; the VET Coordinator will work with the Schools Special Education contact person to complete a Training Access Plan (TAP) to submit with this application.</p>	