

Inner South Curriculum Alliance VET Courses 2020 APPLICATION FORM

Course Name: _____

TGSS Course: (circle) YES / NO

Length: (tick) Full Year Sem 1 Sem 2

Delivery School / Location: _____ **Cost:** _____

Student details: *please complete **all** sections and ensure writing is legible*

Family Name: _____ **Given Name:** _____

Unique Student Identifier (USI): *Please print clearly* _____

Date of Birth: ____/____/____ **Gender:** (circle) M / F / Other

Home School: _____ **Student Mobile:** _____

Year Level in 2019: _____ **Student Email:** _____

SACE registration number: _____ **Indigenous / Torres Strait Islander** YES / NO

FLO Student: (circle) YES / NO **Organisation:** _____

Disability/Learning Difficulty/One Plan (NEP): (circle) YES / NO **Details** _____

Medical Issue: (circle) YES / NO **Details** _____

Postal Address:

No/Street: _____

Suburb: _____ **Postcode:** _____

Consent for your photo being used for promotional purposes: (circle) YES / NO

(This could include: your image or video footage in promotional materials, school newsletters, brochures and for other VET / School related purposes)

Parent/Guardian details:

Family Name: _____ **Given Name:** _____

Relationship to student: _____

Home Ph: _____ **Work Ph:** _____ **Mobile:** _____

Email: _____

Preferred method of contact: (circle) Home Ph. / Work Ph. / Mobile / Email / Post

Emergency contact details:

Family Name: _____ **Given Name:** _____

Relationship to student: _____

Home Ph: _____ **Work Ph.:** _____ **Mobile:** _____

Please turn over

