



## 2019 VET ENROLMENT FORM

VET Course Name: \_\_\_\_\_

First Year of VET Course in 2019

Second Year of VET Course in 2019

Day/Time Preference: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F (circle)

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Student Email: \_\_\_\_\_

Please circle your year level (2019): 10 11 12 Stream:  VCE  VCAL

VSN: \_\_\_\_\_ USI: \_\_\_\_\_

Home School: \_\_\_\_\_ Phone: \_\_\_\_\_

Home School VET Coordinator: \_\_\_\_\_

In which country were you born?  Australia  Other- please specify \_\_\_\_\_

Do you speak a language other than English at home?  No, English only

Yes - please specify \_\_\_\_\_

How well do you speak English:  Very well  Well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin?  No  Aboriginal  Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term condition?

Vision  Hearing/Deaf  Physical  Medical Condition

Intellectual  Mental Illness  Learning  Acquired Brain Impairment

Other – please specify \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

**Medical History of Student:**

Please tick if you are:  Epileptic       Anaphylactic       Diabetic       Asthmatic

Other – please specify \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ambulance Cover: Yes / No (circle)      Medicare Number: \_\_\_\_\_

Private Health Insurance: Yes / No (circle)      Private Health Fund: \_\_\_\_\_

**Parent Consent to Medical Attention:**

In the event of illness or injury to my child whilst at Peter Lalor Vocational College, on an excursion, or travelling to or from school, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; and  
Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Consent to Communication with the Home School:**

I authorise the Principal or VET Coordinator at Peter Lalor Vocational College to communicate with my child's Home School regarding VET specific information.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Consent:**

I consent to allowing Peter Lalor Vocational College to photograph me in situations relevant to training and assessment. These cannot be published or used without a signed photographic and video release form.

I authorise Peter Lalor Vocational College to release information regarding my enrolment to any Government Department and other parties when Peter Lalor Vocational College is legally obliged to do so.

I declare that the information supplied on this enrolment form is correct and complete.

I was adequately informed of the requirements and expectations of the course prior to enrolment.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VET STUDENT PHOTOGRAPHIC & DIGITAL RECORDING AUTHORISATION

I, \_\_\_\_\_, the parent/legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of printed or electronic recording of my child for and on behalf of the school.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of printed or electronic recording will be retained by the school.

I authorise the use or reproduction of any photograph or video recording referred to above for any reasonable purpose within the discretion of the school without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school.

I understand the nature and the consequences of what is being proposed in the above paragraphs. If there has been any matter of uncertainty, I have sought clarification from either the Principal or VET Coordinator at the school or some other person who has explained any such uncertainty to my satisfaction.

### STUDENT DETAILS:

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** Peter Lalor Vocational College

**Name of Principal:** Rod Sheehan

**VET Coordinator:** Belinda Batty

**Telephone:** 9464 0122