



Section 1 - Application to undertake a regional VET course in 2024

Please complete this form electronically, print, sign and return the completed form to your school's VET Coordinator

Student details (all details below MUST be completed)

First name Last name

Postal address

Suburb Postcode

Date of birth Gender M F Non-binary

Student Mobile no Home phone no

Email

Home School Year level for **2024**

SACE ID no USI
(To create a USI visit www.usi.gov.au)

Parent/caregiver details

First name Last name

Postal address

Suburb Postcode

Mobile no Home phone no

Email

Relationship with student

Emergency contact (person other than parent) Full Name

Mobile no Home phone no

Course Selections

See www.ahsps.com.au for course details including course cost to student

Course Name	Host School	Delivery Site	Course Cost
Preference 1:			
Preference 2:			
Preference 3			

Section 2 - Additional Student Information

(This will be provided to the Host School/organisation once a student is an [approved enrolment](#) in an AHSPs course)

Learning Support

Does your student require assistance with their learning? Y N

If Yes, do you give permission for your school to provide information to the host school and trainer? Y N

Disability details

Does your student have a disability that may affect their abilities during the VET Course? Y N

If Yes, do you give permission for your school to provide information to the host school and trainer? Y N

Medical Information

Does your student have a Medical Condition that may affect their abilities during the VET Course? Y N

If Yes, do you give permission for your school to provide information to the host school and trainer? Y N

Please provide information of medication taken or carried by student:

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Other information

Is the student:

Indigenous/Torres Strait Islander Y N Non-English speaking background Y N

Under Guardianship of the Minister Y N

Any other important notes

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Permission

I give permission for (please tick)

- the student to participate in the VET Program/s identified in this application, hosted by the School/ Organisation identified on page 1.
- the student listed on page 1 to attend this program away from the school site (if applicable). I am aware that I am responsible for his/her attendance and travel costs.
- images (photos/video) of the student enrolled in the VET course to be used for promotional purposes and publications
- the information on this form to be supplied to the Host School/Organisation
- I commit to pay the course cost as discussed with your school's VET Coordinator.

Parent/Caregiver Signature Date

Section 3 - Code of Conduct & Undertaking

With regard to my Registered Training Organisation (RTO) and School I agree to (please tick):

- consistently meet deadlines on all assignments and projects
- use my study time, at school, work and at home, productively and in a manner that will improve my chances of obtaining good passing grades in all subjects
- responsibly take up my role as a VET student and model appropriate behaviour that will enhance the reputation of AHSPs in both the local community and in the education system
- actively seek help and counselling when necessary
- balance my studies with work, social, sporting and family commitments
- prioritise attending my VET course during school timetabled work experience and exam weeks unless otherwise negotiated with my VET Coordinator
- contact my home school, host school and if possible my trainer, if I am unable to attend a shift due to ill health or another important reason

With regard to my Structured Work Placement/Workplace Learning I agree to (please tick):

- complete all relevant Workplace Learning Agreement Forms
- attend my work placement for the normal hours of work for that job as specified in the Workplace Learning Agreement Form
- be punctual to all shifts, take only the allocated time for morning, afternoon tea and lunch breaks and return promptly to work
- ring my work supervisor, and my school, if I am unable to attend a shift due to ill health or another important reason (you will be expected to account for any absences and required to make up the lost hours at another time)
- dress appropriately
- take responsibility for my work placement log book and negotiate a convenient time for a meeting(s) with my supervisor(s) to discuss my progress
- ensure that I am aware of and comply with the Work Health & Safety Act as it is related to my Work Placement

In addition I agree to (please tick):

- follow all the rules and expectations of the school, RTO, workplace I am working in, recognising that infringement that necessitates disciplinary action will be dealt with in line with the sites regulations in negotiation with my supervisor. (This includes students who may not be enrolled full time at a school.)
- maintain confidentiality by not repeating any information that I may be exposed to/have access to during my work placements. (Some employers may want you to sign a confidentiality contract.)
- discuss any problems that may arise with my VET Trainer or Work Placement Supervisor or VET Coordinator. (If parents have any issues, please talk to the VET Coordinator, before discussing the issues with the RTO or employer.)

The above requirements are essential for a successful VET program for you and students who follow you in future years. VET programs are very reliant on the goodwill of the employers who provide work placements and this often results in apprenticeships & employment for students.

Student & Parent Undertaking

As the applying student I have read and agree to the above undertaking and am committed to undertaking the VET course(s) as listed on page 1.

As parent(s)/caregiver(s) of the applying student, I/we am/are committed to our child undertaking the VET course(s) as listed on page 1 and understand I/we will be legally liable for the full cost of the course including the Training costs, Consumables costs and Administration costs associated with this course(s) if my child withdraw(s) from this VET course(s) at any time before or after the course commencement date. I understand that this information will be kept confidential and will be used in the AHSPs database.

Confirmation and understanding that this information will be kept confidential and will be used in the AHSPs database.

Student Name Student Signature

Parent Name Parent Signature

Parent Name Parent Signature.....

Principal/VET Coordinator Signature Date



2024 VET Course Medical Information

(to be provided to your Home School VET Coordinator, this information will be passed onto your Course Trainer)

Student (all details below MUST be completed neatly in black or blue pen)

First name Last name

Course enrolled in

Home School

Parent/caregiver details

First name Last name

Mobile no Home phone no

Email Relationship with student

Emergency contact (person other than parent) Full Name

Mobile no Home phone no

In the case of injury or illness, every effort will be made to reach either the parent/caregiver or the emergency contact provided. A student will not be sent home without the permission of the contacted person. Host School/Organisation staff will administer basic first aid, and will normally rely on the contacted person to arrange medical treatment. An ambulance will be called where urgent/emergency treatment is required.

Medicare number Number on card

Family Doctor name Phone number

Medic Alert number (if applicable)

Does this student wear (please tick)? Glasses Contact lenses Hearing aid

Medical Condition/s

Does this student have a **Health Care Plan**? Y N

Please attach an up-to-date Health Care Plan to this Medical Information form

Medical Condition/s (cont)

Medical condition	Y / N	Details (including impact and treatment/medication)
Allergies (eg Bee sting)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Asthma or other chest problems	Y <input type="checkbox"/> N <input type="checkbox"/>	
Convulsions/Seizures (eg Epilepsy)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Dermatitis (eg relevant skin conditions)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	
Eating disorders (eg allergies to food)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Hearing problems (Hearing Aid or drainage tubes)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Relevant sports injuries	Y <input type="checkbox"/> N <input type="checkbox"/>	
Vision (Contact lenses soft/hard)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Medication (please provide a current health care plan)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Other (please specify)	Y <input type="checkbox"/> N <input type="checkbox"/>	

Please ensure that if any of these details change during your VET course, that you notify your home school VET coordinator and trainer.

As parent(s)/caregiver(s) of the student, I/we agree that this information is accurate. I understand that this information will be passed onto the student's VET course Host School and trainer.

I agree to notify the student's home school VET coordinator of any changes which may occur during the year

Parent Name

Parent Signature Date