



VETiS Student Enrolment Form

APPLICANT INFORMATION

Title: Mr. Mrs. Ms. Miss	SACE Number:
Family Name (Surname):	Unique Student Identifier Number (USI):
Given Name:	If do not have a USI, do you authorise Queensford College to apply for a USI on your Behalf?
Gender: Male Female	Yes No
Date of Birth (dd/mm/yy): ____ / ____ / ____	If No, you will be required to provide a USI. A USI is required for anyone studying nationally recognised Vocational Education Training (VET) in Australia. It gives you access to your online USI account, which will contain all your records and results.
Citizenship: Australian Citizen Australian Permanent Resident Other:	
Home Address:	
Personal E-mail Address:	
School E-mail Address:	
Mobile Phone:	Home Phone:

COURSE DETAILS

School Name:	I am in Year:		
Funding Source:	Fee for Service (I will be paying)	School Payment (My schools is paying)	TGSS Funding
Course	Code:	Course Title:	
Course Date:	____ / ____ / ____	Course Day:	

ADDRESS

Building /Property Name:	Apartment/Unit Number:	
Street Number:	Street Name:	
Suburb or Town:	State:	Postcode:

POSTAL ADDRESS (If different to the above address)

Number and Street Name or P.O Box:	Suburb or Town:
State:	Postcode:

EMERGENCY CONTACT

Name:	Relationship:
Address:	
Home Phone:	Mobile:

EMPLOYMENT STATUS *(Tick one box only)*

Full time Employee	Part time Employee	Self Employed- not employing others	Employer
Employed- unpaid worker in a family business	Unemployed- not seeking employment	Unemployed- seeking Part time employment	Unemployed- seeking full time employment

OTHER PERSONAL DETAILS

LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal and/or Torres Strait Islander origin?	Aboriginal	Torres Strait Islander	No	
Were you born in Australia?	Yes	No	If not, please specify: _____	
How well do you speak English?	Excellent	Well	Not well	Poorly
Do you speak a language other than English at home?	Yes	No	If yes, please specify: _____	

SPECIAL NEEDS

Do you consider yourself to have a disability, impairment, or long-term condition? Yes No

If yes please indicate the area/s of impairment: **(Tick ANY applicable boxes)**

Physical/Mobility	Hearing/Deaf	Acquired Brain Impairment
Intellectual	Learning	Vision
Mental illness	Medical Condition	Others _____

If Yes to any of the above, would you like to receive advice on support services, equipment and facilities which may assist you?
Yes No

REASON FOR STUDY *(Tick ANY applicable boxes)*

To get a job	To try for a different career	To get a better job or promotion
It was a requirement of my job	I wanted extra skills for my job	To get into another course of study
For personal interest or self-development	SACE Credits	Other reason:

VET IN SCHOOL PROGRAM

To complete this qualification, you are required to complete a vocational placement (work experience) of at least (12) shifts, are you willing to participate in the vocational placement?	Yes	No	N/A
I am an Australian citizen or permanent resident who permanently resides in Adelaide.	Yes	No	
I confirm that I am a registered year 10 – 12 Adelaide secondary school student.	Yes	No	
I confirm that I have or will provide a copy of my current student ID to Queensford College, clearly displaying my full name and year level.	Yes	No	

STUDENT CONDITIONS OF ENROLMENT

Before signing the agreement below, please read the following points and clarify anything that you are unsure of with a Queensford College Team Member.

- I certify that the information set out in this form to the best of my knowledge, is true and accurate.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I give Queensford College permission to obtain official records from an educational institution that I have attended.
- I understand that Queensford College collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved Queensford College agent, correspondence relating to my application may be forwarded to that agent.
- By signing this agreement, I acknowledge and understand my obligations and responsibilities to myself, the school, Queensford College and my vocational placement provider.
- I agree to abide by Queensford College's code of conduct and student handbook, as introduced at my student induction. I understand that non-compliance of my obligations or responsibilities may result in my suspension or termination from the program.
- Queensford College will assist me by securing one (1) vocational placement provider. If I do not attend, do not participate or am terminated by my designated vocational placement provider Queensford College has fulfilled its obligation and I will be required to source an additional vocational placement provider to complete my qualification.
- I authorise Queensford College to collect, use, disclose and manage my personal information in a manner which is consistent with its obligations under Australian privacy law.
- I understand that Queensford College may record public training sessions for quality and training purposes.
- I give permission for record(s) to appear in media releases, please read the following:
 - I hereby authorise Queensford College and/or its agents to make use of:
 - Pictures of me
 - My name
- I understand that I am not entitled to remuneration or royalties in respect of our involvement of any project that was produced in whole or in part by this.
- I understand that I have no claims to copyright in any aspect or portion of the project.
- I agree that the material may be used in all formats and media, as representations, reproductions or adaptations either complete or in part, alone or in conjunction with any wording or drawing.

I wish to opt out of the media release of any picture taken of me during the program.

I authorise Queensford College to contact me by SMS and Email.

Student Name:

Student Signature:

Date: ____ / ____ / ____

PARENTAL CONSENT

Before signing the agreement below, please read the following points and clarify anything that you are unsure of with a Queensford College Team Member.

- I the parent/guardian of the student allow to undergo the Certificate II under the VETiS program provided by Queensford College.
 - I understand that my child may have to complete vocational placement with an industry employer if it is a course requirement to complete the qualification.
 - I have been well informed about Queensford College and the VETiS program.
 - I give permission for Queensford College to contact my child directly for any course or vocational placement requirements.
 - I understand by signing this form that I agree to all of the above statements.
 - I agree to the payment terms and conditions.
 - I give permission for my child to leave campus during designated break times.
- If you DO NOT allow this, please tick here: NO

Parent / Guardian Contact Number:

Parent / Guardian Email:

Parent Name:

Parent Signature:

Date: ____ / ____ / ____

School Name:

VET Coordinator Name:

VET Coordinator Contact Number:

VET Coordinator Email:

VET Coordinator Signature:

Date: ____ / ____ / ____