

Student Enrolment Form – Pre-vocational Courses

Student Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Legal Family Name:		Date of Birth: / /20	
Legal Given Name:		Legal Second Name:	
Preferred Name:			
Home Address:			
Suburb/Town:		State:	Postcode:
Is this your postal address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to have your correspondence sent to the school/community organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MIS ID (EQ ID):			
Are you of Aboriginal origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you of Torres Strait Islander origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an Australian Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which language/s do you speak at home?			
Will you need support with using Standard Australian English for learning? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No			
What was the highest level of schooling that you completed?		Year completed	
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hearing		<input type="checkbox"/> Physical	
<input type="checkbox"/> Acquired brain impairment		<input type="checkbox"/> Intellectual	
<input type="checkbox"/> Other.....		<input type="checkbox"/> Learning	
		<input type="checkbox"/> Medical condition	
		<input type="checkbox"/> Mental illness	
		<input type="checkbox"/> Vision	
If YES please provide details of any support you may need.			

Student Declaration and Consent

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the VTQ Privacy policy.

Student signature:	Date: / /20
(Parent/Guardian) signature:	Date: / /20

Mentor Details (School or Support Organisation Delegate)

Full name:	
Location: (School/YJ Centre/ Support Organisation)	
Mailing Address:	
Suburb:	Postcode:
Mobile Phone:	Work Phone:
Email address:	
Maths and English bksb Diagnostic Assessment have been completed <input type="checkbox"/> Yes <input type="checkbox"/> No	