



Training and Development Provider

www.inap.org.au

Semester 2, 2012

VET ENROLMENT FORM

(Please PRINT clearly & LEGIBLY & complete in BLACK ink)

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

Student's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Year Level (in 2012): \_\_\_\_\_  Male  Female

School: \_\_\_\_\_

Student Complete Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Student's Mobile Number: \_\_\_\_\_

TAFE ID Number (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address (please write LEGIBLY): \_\_\_\_\_

School VET Coordinator: \_\_\_\_\_ Contact number: \_\_\_\_\_

Is the student physically able to perform all tasks of their chosen VET course:  Yes  No

Is the student capable of managing the Certificate level of this course & has the level of literacy required to adequately complete these unit/s:  Yes  No If NO, please provide details below:

Any known medical conditions, language or learning difficulties:

Does the trainer need to contact the VET Coordinator for further information re above?  Yes  No

EMERGENCY CONTACT DETAILS

In case of an Emergency:- (Please provide 2 emergency contact names and numbers)

1. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: (1) \_\_\_\_\_ (2) \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Contacts Email (please write LEGIBLY): \_\_\_\_\_

DISCLAIMER

If required, I give permission for the use of a photographic image of my child in a group or individually (for use on INAP PowerPoint Presentations, the INAP website and/or newsletter and School Newsletters).  Yes  No

I give permission for the above information to be released to the lecturer of the course (for their records) and for academic information to be released to other accredited registered training providers (including my child's school). I also give permission for my son/daughter to go offsite for any work place learning that is a requirement of the course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Caregiver / Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

VET Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_