

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

VET Course Name: _____

Student's First Name: _____ Surname: _____

Year Level (in 2010): _____ 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): _____

VET Coordinator Name: _____ Contact number: _____

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

If NO, please provide details: _____

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 numbers)

1. Contact Name: _____ Relationship: _____

Phone nbr: (1) _____ (2) _____

2. Contact Name: _____ Relationship: _____

Phone nbr: (1) _____ (2) _____

Contacts Email Address (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: _____