



VET for SECONDARY STUDENTS

NT Department of Education compliant
2020 EXPRESSION of INTEREST FORM

Please note THIS IS NOT AN ENROLMENT FORM.

Students and parents/guardians must complete all relevant sections of this form and return it to your 2020 Secondary School VET Coordinator. The CDU Program Lecturer will contact the Secondary School to arrange pre-enrolment interviews and selection details.

1. VSS PROGRAM		Please complete all details clearly in Block Letters	
All Sections MUST be completed			
Program Name:	<input style="width: 100%;" type="text"/>		
CDU Campus:	<input style="width: 100%;" type="text"/>		
2019 School	<input style="width: 100%;" type="text"/>	2020 School	<input style="width: 100%;" type="text"/>
2020 Year level	<input style="width: 100%;" type="text"/>	List any VET Courses you have already done: RTO Name:	<input style="width: 100%;" type="text"/> <input style="width: 100%; border: 2px solid blue;" type="text"/>
2. APPLICANT DETAILS		Please complete all details clearly in Block Letters	
All Sections MUST be completed			
Last Name:	<input style="width: 100%;" type="text"/>	First Name:	<input style="width: 100%;" type="text"/>
Date of Birth:	<input style="width: 100%;" type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Town/City of Birth:	<input style="width: 100%;" type="text"/>	Mobile Phone:	<input style="width: 100%;" type="text"/>
USI Unique Student Identifier.	If you know your USI please write it in the box ➔ Have you previously supplied CDU with a USI but can't remember it? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously supplied another RTO with a USI but can't remember it? <input type="checkbox"/> Yes <input type="checkbox"/> No Please write the name of the RTO here ➔		<input style="width: 100%;" type="text"/> <input style="width: 100%; border: 2px solid blue;" type="text"/>
E-mail Address:	<input style="width: 100%;" type="text"/>		
Postal Address:	<input style="width: 100%;" type="text"/>		
Please write a sentence on why you want to participate in this course	<hr/> <hr/> <hr/> <hr/>		
Student (Applicant) Commitment:	If I am selected to participate in this course: <ul style="list-style-type: none"> I understand that full attendance is critical to success in this program and will strive to meet this requirement. I understand that I will be taught in an Adult Education setting and that training, assessment and behavioural expectations will be different from that experienced in Secondary School. I will strive to meet these expectations. I understand that I need to achieve all elements of competence in order to receive a Statement of Attainment or Certificate and to gain maximum credit towards my NTCET. I understand that original VET transcripts and certificates will be sent directly to me and that I am responsible to provide copies to my school if I want my VET Qualification to count towards my ATAR. 		
	Applicant's Signature: _____		Date: _____

3. PARENT/GUARDIAN Permissions	Please complete all details clearly in Block Letters All Sections MUST be completed
Parent/Guardian Name:	<input style="width: 100%; height: 20px;" type="text"/>
Emergency Contact Details:	<input style="width: 100%; height: 20px;" type="text"/>
About your child:	<p style="text-align: center;">Special Needs</p> <p>Let us know if your child has any special needs that may affect their participation in this course.</p> <p>1. Reading and writing, or understanding English. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Maths and numbers. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Hearing, vision, physical disability, medical condition, mental illness, acquired brain impairment, learning issues, something else. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered Yes to any of these questions, your Child's Secondary School VET Coordinator will complete an NT Department of Education Training and Assessment Plan (TAP) with CDU to determine if/what assistance or adjustments can be made to enable your child to participate in the desired VET program</i></p>
<p>I, (name) _____ give permission for my child, (name) _____ to:</p> <ol style="list-style-type: none"> 1. Select a VET program that; <ol style="list-style-type: none"> (a) may be offered in a location other than my child's school; (b) may attract material fees from the training provider; (c) may have a timetable that extends beyond normal school hours; and (d) will require additional enrolment and resulting information to those of the secondary school. 2. Participate in excursions and activities directly related to the delivery of the VET program. 3. Participate in a Structured Work Placement and permit the information on this form to be provided to a host work-place for the purpose of managing the structured work placement. 4. For CDU or the host workplace to administer first aid and/or arrange an ambulance for my child if it is necessary for his/her health or welfare 5. (If related to the VET program) For my child to attend Structured Work Placement on licenced premises where alcohol may be in the vicinity. 6. For my child's VET results to be shared with his/her school and the NT Department of Education 7. For my child to receive assistance in setting up his/her Unique Student Identifier 8. For my child to access on-line training material and other internet or electronic applications as required by the training provider and under the policies and procedures of the training provider. 9. For the use of my child's image and name in promoting VET for Secondary Students and/or VET related publications. 10. Be withdrawn from the VET program and returned to the care and supervision of the Secondary School should he/she not participate in the VET program appropriately or creates an unsafe environment for self or other participants. <p>Parent/Guardian Signature: _____ Date: _____</p>	
4. SECONDARY SCHOOL Permissions	Please complete all details clearly in Block Letters All Sections MUST be completed
VET Coordinator Name: School Name:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>I have read the Expression of Interest Form above. If a TAP is required I will liaise with CDU for its appropriate completion. As VET Coordinator at (name of School) _____ I commit that I and staff from our school will support the above student in undertaking this VET program.</p> <p>Signed: _____ Date: _____</p>	

5. UNIQUE STUDENT IDENTIFIER	
All students studying nationally recognised training in Australia are required to have a Unique Student Identifier (USI). A USI is an account (or reference number) made up of numbers and letters issued by the Federal Government.	
VET for Secondary Students wishing to study through CDU can;	
<p>1. Obtain a USI number for themselves by visiting www.usi.gov.au</p> <p>Once you have your USI number you must use this number on your CDU enrolment form and keep your number safe for any future enrolments.</p> <p>2. Provide CDU permission to obtain a USI on your behalf</p> <p>In order to give CDU permission to obtain you a USI you will need to;</p> <ul style="list-style-type: none"> Request the most up-to-date copy of the CDU USI form from your program lecturer With assistance from your parent, guardian or school, complete the required sections on the USI form. 	
6. CDU LECTURER Processing	Please complete all details clearly in Block Letters
CDU Lecturer Name:	
Lecturer E-Mail Address:	
Date EOI Received:	
Maximum Number of Students able to participate in this program:	
Expression of Interest (EOI):	<p>In order of received EOI's this is EOI number : _____</p> <p>Has the program been filled prior to receipt of this EOI?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student been placed on a wait list?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Training Assessment Plan:	<p>Does this Student require a Training Assessment Plan (TAP)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the School VET Coordinator provided a TAP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered Yes to either of these questions, you will need to organise to meet with the Secondary School VET Coordinator to determine if/what assistance or adjustments can be made to enable this student to participate.</i></p>
Meeting Date with VET Coordinator to discuss Training Assessment Plan:	
Notifying Students and School Pre-selection Process:	<p>Does the student require a pre-selection interview?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes' when is this interview scheduled to take place?</i></p> <p>Date:_____ Time:_____ Location:_____</p> <p>Has the Student been notified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the School VET Coordinator been notified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student require a pre-selection assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes' when is this assessment scheduled to take place?</i></p> <p>Date:_____ Time:_____ Location:_____</p> <p>Has the Student been notified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the School VET Coordinator been notified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Accept or Decline Participation:	<p>Has this student been accepted into this program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of notification to Student and School:_____</p> <p>For Accepted Students; have you provided program information?</p> <p>Date program information was sent to student:_____</p>
<i>Lecturers have an obligation to notify Student and School whether an EOI has been accepted or declined</i>	

I have read the Expression of Interest Form above and acknowledge all components have been completed prior to accepting the student into the program. If a TAP is required I will liaise with the School for its appropriate completion.

Signed: _____ **Date:** _____

