The ‘Taste of Trades’ is a 4 day program that consists of Part A, Part B and Part C. It aims to provide students an opportunity to experience the trades, and involves the students making projects within a workshop environment. Successful students achieve nationally recognised competencies that will go towards study in the same field, and towards them achieving their NTCE. Students who participate in these types of programs develop a better understanding of the importance of Maths & English in the workplace and the benefits of commencing Vocational Education & Training (VET) while in school can kick start their career.

**Taste of Trades Program – Part A**
Participating students will make 3 projects (if time allows).
- Metal Cut Outs
- Wind Chimes
- Flower Pot Holder

On successful completion of Part A students will receive a ‘Statement of Attainment’ for the following units

| Code            | Description                                           | Hours
|-----------------|-------------------------------------------------------|-------
| CPCPCM2003A     | Carry out OH&S requirements                           | 20    |
| MEM18001C       | Use hand tools                                        | 36    |
| MEM18002B       | Use power tools/hand held operations                  | 20    |
| CPCCOHS1001A    | Work Safely in the Construction Industry – White Card | Partial Completion |

**Taste of Trades – Part B**
Participating students will make 2 projects (if time allows).
- Carry Tool Box
- Wrought Iron Shelves

On successful completion of Part B students will receive a ‘White Card’ which is a current OH&S requirement to enter any construction site.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCCOHS1001A</td>
<td>Work Safely in the Construction Industry – White Card</td>
<td>6</td>
</tr>
</tbody>
</table>

**Taste of Trades – Part C (2011)**
Participating students will make 2 projects (if time allows)
*Projects still under development

On successful completion of Part C students will receive a ‘Statement of Attainment’ for the following units

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCPCM2010A</td>
<td>Mark out Materials</td>
<td>20</td>
</tr>
<tr>
<td>CPCCM2008A</td>
<td>Cut &amp; Join Materials</td>
<td>16</td>
</tr>
<tr>
<td><strong>Program Name</strong></td>
<td>CDU Taste of Trades</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Delivery Location</strong></td>
<td>Charles Darwin University, Casuarina Campus, Purple Building 3</td>
<td></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>8am – 3pm Daily</td>
<td></td>
</tr>
<tr>
<td><strong>Delivery Mode</strong></td>
<td>4 Day Blocks per Part</td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Student numbers</strong></td>
<td>Groups of 15 preferable but smaller sizes can be negotiated</td>
<td></td>
</tr>
</tbody>
</table>

### School Requirements
- Student Groups must be accompanied by a Teacher or Teachers Aid at all times throughout the duration of the program
- Schools must provide a registration form for each participating student, prior to commencement
- Schools must receive and record all student results, as competencies achieved by students now will count towards them achieving their NTCE.

### Student Requirements
- 1 x Pen (Black or Blue), 1 x Pencil, 1 x Rubber
- T-Shirt (No Singlets) and Closed Shoes (Sneakers/Runners)
- Fridge & Microwave Facilities in Workshop, Canteen Facilities on Campus

### Cost
Free

For more Information about the program please contact either Phillip or Sonny on…

**Phillip Ryder**
Ph: 8946 6225
Email: philip.ryder@cdu.edu.au

**Sonny (Roy) Levers**
Ph: 0438 272 362
Email: Roy.Levers@cdu.edu.au

**For Bookings please contact**

**Trisha Mellow**
Ph: 8946 6387 or 0437 528 384
Email: trisha.mellow@cdu.edu.au
STUDENT (Please provide the below information – please write clearly)

<table>
<thead>
<tr>
<th>SACE Board Number</th>
<th>School enrolled in Year 2010</th>
<th>School enrolled in Year 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Surname: _________________________  Given Name/s: ___________________________________
Date of Birth: _______________________  Current Year Level: _________________________________
Phone No: ________________________  Mobile Number: ______________________________________
E-mail: _______________________________________________________________________________
Postal Address: _____________________________________________ Post Code:__________________
Home Address: _____________________________________________ Post Code:__________________

1. I understand that full participation and attendance is critical to success in this program and will strive to meet this requirement.
2. I understand that I must listen to instruction and behave in a safe and respectful manner at all times or I will be asked to leave the class
3. I understand that I need to achieve all elements of the program in order to receive a Statement of Attainment to gain maximum credit towards my NTCE.

Students Signature: ________________________________________ Date: ________________________

PARENT/GUARDIAN PERMISSION:

I, (Name) ___________________________________ give permission for my child, (Name)_____________________________________ to participate in the CDU Taste of Trades program that it is delivered at the Casuarina Campus in 4 day blocks. I understand that the expectation of full participation and attendance is required for them to achieve. I understand that enrolment and resulting information will be provided to their School so it can be used towards their NTCE.

Does the child have any medical conditions that the trainer needs to be aware of?
_____________________________________________________________________________________

Does your child have a disability or condition that will impact on his/her ability to undertake any theoretical or practical study in this program?
_____________________________________________________________________________________

Further, I agree to the use of my child’s image and name by CDU in promoting or producing media stories for the program my child is enrolled in.

Parent/Guardian Signature: _______________________________ Date: ___________________

SCHOOL CO-ORDINATOR DETAILS

*Schools must provide a Student Supervisor at all times during the delivery of the program

Name: ____________________________ Phone: _________________ Mobile: ______________ _______
Fax: ___________________ Email: ________________________________________________________

Program Student Supervisor Name: _______________________ Mobile: __________________________
Signed: ______________________________________________Date: ___________________________

Please fax form to CDU Trisha Mellow, Secondary School Liaison, SchoolsLink: Fax: 8946 7384
For more information please phone: 8946 6387 or Email: trisha.mellow@cdu.edu.au