

Course Code:
Course Title:

**Student Information**

Surname:	Given Name/s:	Preferred Name:
Student VSN:	Student USI:	
Student mobile:	Date of Birth:	Gender: Male   Female   Other
Home school:	Current Year level:	Program: VCE   VCE VM   VPC   Other
Student personal email:		
Residential Address		
Postal Address		

**AVETMISS Related Details** (these fields are collected at the request of the Australian Government, and help us to analyse our course delivery and improve the training we offer):

**Australian Citizenship (please circle):**    **Country of Birth:**  
 Yes | No

**Indigenous Status (please circle):**  
 Aboriginal | Torres Strait Islander | Neither

**Employment Status (please tick one box):**

<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Not employed – not seeking employment
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**Language Spoken at Home:**

**English Assistance Required (please circle):** Yes | No

**Do you have a learning challenge or condition that may affect your ability to complete course requirements:**

<input type="checkbox"/> None <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other: _____
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**Have you completed other accredited training? If so, please provide details:**

## Course Enrolment:

### Reason for Study (please tick one box):

<input type="checkbox"/>	To get a job	<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>	I wanted extra skills for my job
<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>	To get into another course of study
<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>	For personal interest or self-development

## Parent / Guardian Details

### Parent/Guardian 1

Surname:	First Name:	Relationship to student: <b>Mother / Father / Guardian</b>
Contact Number:	Email:	

### Parent/Guardian 2

Surname:	First Name:	Relationship to student: <b>Mother / Father / Guardian</b>
Contact Number:	Email:	

If your family situation includes shared custody arrangements or non-custodial parent relationships please attach relevant details/advice regarding communication etc.

## Student's Medical information

Name of Doctor:	Phone No:	Medicare No:	Date of last Tetanus immunization (if known):
Does the student have any medical conditions (ie. Asthma, Allergies)? If so, please give details:			<i>If the student's condition is rated as moderate or high, please provide an Action Plan for the management of this condition.</i>
Does the student take any ongoing medication? If yes, please specify details, including dosage:			

## Student Support and Wellbeing

Has the student experienced:

  
  

Self-esteem issues

Bullying

Anxiety

  
  

Literacy or numeracy concerns

Social concerns

School refusal

  

Issues requiring counseling

Depression

Has the student had any formal assessments that may be helpful for Ranges TEC to provide support in the learning environment? A copy of reports can be emailed to [vet@rangestec.vic.edu.au](mailto:vet@rangestec.vic.edu.au)

Does the student have any social, emotional, physical, or educational needs which require additional support?

## Student Contract

In signing this contract, I agree to the following terms and conditions:

- I have read the course brochure for the course I am enrolling in.
- I will attend the scheduled orientation session.
- I am committed to attending this course on the designated day from start until finish on each day the course is delivered.
- I will notify my home school and Ranges TEC of any absenteeism on the day.
- I understand and accept that it is my responsibility to catch up on any work missed in scheduled classes due to my absence.
- I agree that travel arrangements between schools and between school and home are my responsibility.
- I agree to be bound by Ranges TEC's Student Code of Conduct whilst I am an enrolled student at Ranges TEC.
- I agree to participate in work placement that may be required as part of the course. Work placement may occur during school holidays.
- I agree to the release of my personal details and assessments between educational institutes related to the course am enrolled in

Student Signature:	Student name:	Date:
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## Parent Declaration and Agreement

- In an emergency, I authorise Ranges TEC to arrange for medical, ambulance or hospital services as deemed necessary. I accept responsibility for any/all costs involved.
- I authorise the administration of first aid, including panadol or betadine (iodine), as deemed necessary by a qualified first aider
- I give permission for the student to attend off campus excursions & events as organised by Ranges TEC.
- I give permission for Ranges TEC to use photos (& first name only) of the student in marketing and promotional material.
- I agree to pay any additional fees and charges associated with enrolment in the VET program.
- I am aware and accept that it is the student's responsibility to arrange travel between schools.
- I authorise Ranges TEC to release information concerning my student record to Government departments. I understand that, other than in order to verify information provided in this by the applicant, no other disclosure to third parties of any and all information shall be made by Ranges TEC without prior written authorisation from the applicant.
- I understand that the student's enrolment in the course may be terminated should they not meet the course assessment requirements within 12 months from the date of enrolment. I also understand that should their enrolment be terminated a Statement of Attainment shall be issued for unit(s) successfully completed and that I will be required to pay additional course fees should the student wish to re-enrol at a later date.
- I understand that the student's enrolment may be terminated and all fees forfeited should any course work submitted be found to be plagiarised, copied without acknowledgement or their own work, where it is clear that they have presented and submitted it as their own work.
- I acknowledge that Policies and Procedures for Fees & Refunds, Recognition of Prior Learning, Complaints and Appeals, and Privacy may all be downloaded from the Ranges TEC website.
- I acknowledge the Ranges TEC Course Fee and Refund Policy (No. 9.0) whereby course fees are only refundable prior to commencement of the course and that no refunds shall be made once the applicant has commenced the course. The student shall be deemed to have commenced the course upon attendance of the first class.
- I declare that all the information provided on this enrolment form is to the best of my knowledge true, complete and correct at the time of enrolment. I acknowledge that any false information and/or failing to disclose any relevant information in this application may result in the withdrawal of any offer

Parent signature:	Parent name:	Date:
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