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STUDENT NAME: **Home School:**

Certificate program name:

Office use only:

COURSE CODE:		VETTRAK ID:	
1 st , 2 nd or 3 rd YEAR:		Entered by:	
STUDENT VSN:		Date entered:	

2024 VETDSS Application for Enrolment Form

Student USI Number: - - - - -

PERSONAL DETAILS

Student Surname: _____ First: _____ Middle: _____

Title (Mr, Miss, Ms, etc) _____ Gender: Male: Female: Other:

Date of birth ____/____/____ Town/City of Birth: _____

Student Phone: Home _____ Student Mobile: _____

Email address: _____

Street Address: _____ Suburb _____ Postcode _____

Postal (if different to above): _____

EMERGENCY DETAILS OR NEXT OF KIN

Contact: _____ Relationship to student: _____

Phone: Home _____ Work _____ Mobile: _____

LANGUAGE AND CULTURAL DIVERSITY

1. In which country were you born? Australia Other (specify) _____

2. Are you an Australian citizen Yes No

3. Do you speak a language other than English at home? No only English Yes other (specify) _____
(If more than one, indicate the language that is spoken most often)

4. How well do you speak English? Very well Well Not well Not at all

5. Are you of Aboriginal or Torres Strait Islander origin? Yes No
If yes, please tick relevant box Aboriginal Torres Strait Islander Both

Hamilton District Skills Centre @ Baimbridge College

85 Mt Baimbridge Road, Hamilton Vic 3300

Ph: 03 5571 1708

E: Jodie.sanders@education.vic.gov.au

W: www.hdsc.net.au

Baimbridge College RTO: 22550

ABN 27 521 730 710

DISABILITY

In order to provide appropriate support services we invite you to give us information about any disability you may have.

1. Do you consider yourself to have a disability, impairment or long-term condition? Yes No
2. If YES, then please indicate the area of disability, impairment or long term condition:
(You may indicate more than one area)

<input type="checkbox"/> Hearing/deaf (11)	<input type="checkbox"/> Learning (14)	<input type="checkbox"/> Vision (17)
<input type="checkbox"/> Physical (12)	<input type="checkbox"/> Mental illness (15)	<input type="checkbox"/> Medical condition (18)
<input type="checkbox"/> Intellectual (13)	<input type="checkbox"/> Acquired brain impairment (16)	<input type="checkbox"/> Other (19)
3. If YES, do you require special assistance? Yes No

SCHOOLING

1. Are you still attending secondary school? YES NO: Which school: _____
2. What is your highest COMPLETED school level? (Tick ONE box only)

<input type="checkbox"/> Completed Year 9 or equivalent (09)	<input type="checkbox"/> Completed Year 10 (10)	<input type="checkbox"/> Completed Year 11 (11)
<input type="checkbox"/> Completed Year 12 (12)	<input type="checkbox"/> Other (please specify)	
3. Which **YEAR** have you completed your highest school level? Eg: 2021 Year: _____

PREVIOUS QUALIFICATIONS ACHIEVED

1. Have you previously ever completed any Certificate qualifications? Yes No

If yes, please select which qualifications you have completed from the list below

- | | |
|---|--|
| <input type="checkbox"/> Certificate III (or Trade Certificate) (514) | <input type="checkbox"/> Certificate I (524) |
| <input type="checkbox"/> Certificate II (521) | <input type="checkbox"/> Other than those listed (990) |

If yes, what year completed: _____ Training Organisation _____

REFUND POLICY

Withdrawing from course

Any student wishing to withdraw from a training program must notify the Hamilton District Skills Centre in writing. Refunds will be granted as follows:

Before commencement of training	During the first 4 weeks of training	After 4 weeks of training
Full refund of monies paid, less \$50 and the value of any uniform items provided	Full refund of monies paid, less \$50 and the value of any uniform items provided or resources used	No refund. (Special circumstances may be negotiated and subject to HDSC Management)

Privacy/Enrolment Declaration

PRIVACY STATEMENT

Hamilton District Skills Centre (HDSC) is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submitdata). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.

The Education and Training Reform ACT 2006 requires Hamilton District Skills Centre (HDSC) to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed, please contact Hamilton District Skills Centre (HDSC) on 03 5571 1708 or Jodie.sanders@education.vic.gov.au

DECLARATION

I acknowledge that:

1. I confirm I have read and understood the privacy statement and completed all questions and details on the enrolment form
2. I understand I am responsible to pay all fees and charges applicable to this enrolment.
3. I authorize Hamilton District Skills Centre (HDSC) or its agent, in the event of illness or accident during any Hamilton District Skills Centre (HDSC) -organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.

Student print name _____ Date ____/____/____

Student signature _____ Date ____/____/____

Parent/guardian print name _____ Date ____/____/____
(If under 18 Yrs)

Parent/guardian signature _____ Date ____/____/____
(If under 18 Yrs)

Parent/Guardian MEDIA Authorisation form

I, _____ (*parent/guardian name*) am the parent/legal guardian of the student named below and **agree to and provide permission** for the photographic, video, audio or any other form of electronic recording of (*student name*) _____ to be used by the media on behalf of the Hamilton District Skills Centre.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the media outlet.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the media outlet via the Hamilton District Skills Centre Administration.

Date: ____ / ____ / ____

Signature: _____
(parent/guardian)

Printed name of Parent/guardian

Contact telephone number

Name of organisation: Hamilton District Skills Centre
Facility Administrator : Jodie Sanders
Telephone number: (03) 5571 1708

OR

I **DO NOT AUTHORISE** ANY FORM OF PHOTOGRAPHIC, VIDEO, AUDIO OR ANY OTHER FORM OF ELECTRONIC RECORDING TO BE RETAINED OR USED BY THE HAMILTON DISTRICT SKILLS CENTRE.

Name of Parent/Guardian: _____ DATE: _____

Local excursion permission form

STUDENT NAME:

PROGRAM NAME:

I acknowledge and provide authorisation for **(Student name)** to participate in any local industry excursions that may occur, and I understand they will be under the supervision of a Hamilton District Skills Centre staff member at all times.

Students will be dismissed from the HDSC on these occasions at the normal HDSC class finish time scheduled for that day.

OR

I DO NOT GIVE PERMISSION FOR LOCAL INDUSTRY EXCURSIONS

Signed:

Parent/Guardian (or student if OVER 18 yrs)

Print Name :

Parent/Guardian (or student if OVER 18 yrs)