



The Vocational Education and Training program at Canning Vale College supports students who wish to undertake a Vocational Pathway giving them access to Certificate courses at TAFE and Workplace Learning, whilst working towards achieving their West Australian Certificate of Education.

Students may be able to apply to TAFE and Private Training Providers to undertake studies in their vocational interest.

2025 Year VET Application Instructions

Please return the following documents to the VET Office (Galileo Foyer)

- Completed and signed 2025 VETDSS Student Application Form
- Statement/s for each TAFE application (2000 characters maximum)
- Resume
- USI
- Birth Certificate or Proof of Residency

Places are very competitive therefore it is recommended that students provide as much evidence as possible.

Most qualifications offered are government funded so students do not pay course fees, however students may be required to pay resource fees.

There are a range of **Fee for Service** qualifications offered by Private Registered Training Organisations. These Training Organisations required the full amount of the qualification to be paid by parents prior to a student commencing.



**South
Metropolitan**

**SKILLS
READY**

Boost your skills for the future



**North
Metropolitan**

**SKILLS
READY**

Boost your skills for the future



**CTF
Construction
Training Fund**

Construction Training Fund Pre-Apprenticeship Scholarship Program: [Explore Career Options](#) | [Scholarship Pre-Apprenticeship Courses](#) | [CTF](#)



**INDUSTRY
TRAINING &
WORKPLACE
SERVICES PTY LTD**

Application pack available from the VET office

Fee For Service



empower learn succeed

Fremantle Education Centre RTO: 50354

Application: [VET in Schools Programs](#) | [FEC](#)



Health Science Hub RTO:52806

Phone 1800 474 786 (healthsciencehub.com.au)



**APPENDIX 2
2025**

VET DELIVERED TO SECONDARY STUDENTS PROGRAM

Student Application

This form is to be completed by the student in consultation with parent/s or guardian/s

STUDENT INFORMATION (Please use block letters)

Surname:	First Name:	Middle Initial/s:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
USI:	WASN Number:	
Street Number and Name:		
Suburb:	State:	Postcode:
Home Phone Number:	Student Mobile:	
Student School Email:	@cvc.education.wa.edu.au	
Student Personal Email:		

PHYSICAL OR MEDICAL CONDITIONS

Do you have any physical or medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to have a disability, impairment or long term condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, please list any details which may impact on your ability to undertake Workplace Learning and/or a VET Program with an external RTO or may require the provision of health care or special needs support. (Attach additional information or Health Care Plan if required)		

EMPLOYMENT

Do you have casual/part time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

PARENT/GUARDIAN CONTACT DETAILS (this contact will be used for ALL correspondence)

Parent/Guardian Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
Parent/Guardian Full Name:	
Parent/Guardian Address: <i>(If different from Student's Address)</i>	
Parent/Guardian Mobile Number <i>(Mandatory)</i> :	
Parent/Guardian Alternative Number:	

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EMERGENCY CONTACT DETAILS

Emergency Contact Name <i>(Other than above):</i>	
Emergency Contact Mobile Number:	
Emergency Contact Email:	

By signing below, I confirm that I have read, understand and commit to all the policies relating to the VET Program at Canning Vale College for 2024

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Unique Student Identifier (USI): <i>Apply for your USI at http://usi.gov.au</i>	
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QUALIFICATIONS YOU WISH TO APPLY FOR FIRST PREFERENCE

QUALIFICATION CODE and TITLE:	
TAFE: NORTH METRO SOUTH METRO (Please Circle)	CAMPUS:
PRIVATE RTO (Fee for Service):	

SECOND PREFERENCE

QUALIFICATION CODE and TITLE:	
TAFE: NORTH METRO SOUTH METRO (Please Circle)	CAMPUS:
PRIVATE RTO (Fee for Service):	

THIRD PREFERENCE

QUALIFICATION CODE and TITLE:	
TAFE: NORTH METRO SOUTH METRO (Please Circle)	CAMPUS:
PRIVATE RTO (Fee for Service):	

FOURTH PREFERENCE

QUALIFICATION CODE and TITLE:	
TAFE: NORTH METRO SOUTH METRO (Please Circle)	CAMPUS:
PRIVATE RTO (Fee for Service):	

APPENDIX 2 VET Delivered to Secondary Students 2025

WORKPLACE LEARNING and EXTERNAL RTO CONSENT

I acknowledge that I am responsible for:

- My child's transport arrangements to the work site and/or external RTO
- Notifying the school, worksite and RTO of any absences
- Providing written notification to the Workplace and/or RTO if my child is required to leave to get lunch
- Emergency ambulance fees

I am aware that:

- Direct supervision by staff may not be provided during study or lunch breaks
- The Workplace or RTO may communicate directly with my child
- The Workplace or RTO's insurance does not cover loss or damage of personal belongings or personal accidents

I consent to:

- My child undertaking Workplace Learning at a worksite and/or a VET program at an external RTO
- My contact details being shared with the RTO or Workplace
- Medical information and Health Care Plan (where relevant) being shared with the employer and RTO
- My child receiving medical treatment in case of an emergency and, where necessary, an ambulance to be called
- My child undertaking training in health and hygiene practices as relates to COVID-19, including correct use of PPE (where appropriate) and my child undertaking training in site specific COVID-19 protocols, processes and control measures

I declare that I have read and understood the information regarding the Workplace Learning Program and the qualification being delivered by an External RTO, and the information I have provided is correct

Parent/Guardian Signature:	Date:
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AVETMISS Information

Legal Surname and First Name	
USI	
Gender	
Student Country of Birth	
Student First Language	
Proficiency in Spoken English	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Student Aboriginal Status	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No, Neither Aboriginal nor Torres Strait Islander
Student Disability	<input type="checkbox"/> No Disability <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"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> Disabled (not defined)
Prior Education Achievement	<input type="checkbox"/> Certificate I, II, III etc <input type="checkbox"/> No previous qualifications
Labour Force Status	<input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Not employed - not seeking employment <input type="checkbox"/> Part time employee <input type="checkbox"/> Unemployed - seeking part time work