

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 <u>characters</u> 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.











Construction Training Fund Pre-Apprenticeship Scholarship Program: <u>Explore Career Options | Scholarship Pre-Apprenticeship Courses | CTF</u>

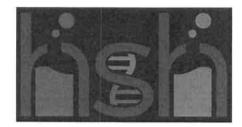


Application pack available from the VET office

Fee For Service



Fremantle Education Centre RTO: 50354 Application: <u>VET in Schools Programs | FEC</u>



Health Science Hub RTO:52806 Phone 1800 474 786 (healthsciencehub.com.au)



APPENDIX 2 2025 VET DELIVERED TO SECONDARY STUDENTS PROGRAM

Student Application

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Jurname.	First Name:	<u> </u>			ı	Middle Ini	tial/s:
Date of Birth:	Gender:	Male		F	emale		
USI:	WASN Num	ber:					
Street Number and Name:							
Suburb:		State:			Post	code:	
Home Phone Number:		Student Mobile:					
Student School Email:			(@cvc.ed	lucatio	on.wa.edu	ı.au
Student Personal Email:			П				
PHYSICAL OR MEDICAL CONDI	TIONS						
Do you have any physical or medical c	onditions?	Yes		١	10 		
Do you have any allergies?		Yes		1	10 U		
				2000 210		? Yes 🚨	No L
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EMERGENCY CONTACT DETAILS					
Emergency Contact Name (Other than above):					
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): Apply for your USI at http://usi.gov.au					
QUALIFICATIONS YOU WISH TO APPL FIRST PREFERENCE	Y FOR				
QUALIFICATION CODE and TITLE:	,				
TAFE: NORTH METRO SOUTH METRO (PI	ease Circle) CAMPUS:				
PRIVATE RTO (Fee for Service):					
SECOND PREFERENCE					
QUALIFICATION CODE and TITLE:					
TAFE: NORTH METRO SOUTH METRO (PI	ease Circle) CAMPUS:				
PRIVATE RTO (Fee for Service):					
THIRD PREFERENCE					
QUALIFICATION CODE and TITLE:					
TAFE: NORTH METRO SOUTH METRO (PI	ease Circle) CAMPUS:				
PRIVATE RTO (Fee for Service):					
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QUALIFICATION CODE and TITLE:					
TAFE: NORTH METRO SOUTH METRO (PI	ease 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:

AVETMISS Information

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