

Privacy Statement

The information supplied in this application is provided for the purposes of application, selection and enrolment into a VET in Schools program. I consent to the information contained in this application to be used for these purposes only.

Contact Details (parent or guardian)

Name: _____ Relationship: _____

Address: _____

Phone: (W) _____ (H) _____ (Mob) _____

All statements on this form are true and correct, and I understand that submission of this form does not imply any commitment by the training provider to admit me to the VET in Schools Program

SIGN HERE _____
Student's Signature Date

SIGN HERE _____
Parent/Guardian Signature Date

SIGN HERE _____
Sandra Avellino, VET Leader, Signature Date