



VETis PROGRAM

EXPRESSION OF INTEREST

COURSE: SHB20216 - CERTIFICATE II IN SALON ASSISTANT

COMMENCEMENT: 2017

STUDENT INFORMATION		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth:		
Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Surname:		
Given Names:		
Home Address:		
Suburb:	State:	Postcode:
Postal Address (if difference to home address):		
Home Ph:		Mobile:
Email:		
EDUCATION		
Level of School in 2017: <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12		
Name of School:		
Will you require extra learning support for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details:
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details:
SCHOOL VET COORDINATOR		
VET Coordinator Name:		
Contact Phone No:		
Email:		
Has approval been given by the school for student to participate in the MIG School Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (This program will impact on the students timetable - alterations may need to be made to timetable)		
Copy of a letter from school or student profile advising of students residential address attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of students Birth certificate attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of students Medicare card attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred day to attend (Please circle): Monday Tuesday Wednesday Thursday Friday		
SIGNATURES		
Applicants Signature:Date.....		
VET Coordinator Signature:Date:.....		
Parent / Guardian Signature:.....Date:.....		
Parent/ Guardian Name:.....		
Parent / Guardian Address:.....		
Parent / Guardian Phone:..... Mobile:.....		