



## Trade Training Course Application Form.

- I wish to apply for enrolment at Saint Yon Trade Training Centre at LaSalle Catholic College. I acknowledge that all lessons will be conducted at LaSalle (Times to be confirmed) and my school will have to approve this application. I understand that my application is not confirmation of a place and that I will be informed in due course of my success with this application.
- I realise if applying for the Industry Based Learning (*School based apprenticeship*) Class that I will also need to complete the enrolment process/forms for full-time enrolment at LaSalle Catholic College. I will also need to attend a formal enrolment interview.

### Course Details

Course Name			
Intended Pathway:  Which statement best describes your plan for year 11 and 12	I intend to undertake a School Based Apprenticeship <i>(If 'Yes' please complete Application for Enrolment at LaSalle Catholic College Bankstown)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I intend to undertake an ATAR pathway	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I intend to undertake a NON-ATAR pathway	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I am currently in year 9 and will be starting this course as a year 10 student	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Student Details

Name of Student			
Current School		Current Year Level	
Board of Studies No:	<i>(Please see your year coordinator if unsure)</i>		
USI number*	<i>(You need to apply for this at <a href="http://www.usi.gov.au">www.usi.gov.au</a>)</i>		
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality		Religion	
Do you speak a language other than English at home?			
Indigenous Identifier	Is the student of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes please <input checked="" type="checkbox"/> one below)</i> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both		
Residency Status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Other .....		
Medical Details	Doctor Name:		
	Phone:		
	Medicare No:		Expiry date
	Medical Conditions: <i>e.g Anaphylaxis</i>		



<p style="text-align: center;"><b>Additional needs</b></p> <p style="font-size: small;">Please explain and Attach additional documentation if required</p>	Please indicate whether the student applying for enrolment has any known or suspected additional needs		
	<b>Physical Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Educational Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Sensory Needs</b> ( <i>Vision and/or hearing impairment</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Language support</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Any other additional needs</b> ( <i>please specify</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No .....
	Does this student currently receive support for these additional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Explanation:		

**Contact Details**

Contact Parent Name			
House / Unit Number	Street Name		
Suburb	Postcode		
Email Address (Parent)	Mobile (Parent)		
Email Address (Student)	Mobile (Student)		
Work Phone	Home Phone		
Mailing Address (if different)			

**Documentation & Evidence**

Have you completed or are you currently completing any VET studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If 'Yes' please give details, attach appropriate documentation)</i>
Do you have a WH&S White Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If 'Yes' please include a copy with this application)</i>
Explain in the space provided why you want to undertake a program of training in the course/s chosen	



Why you want to join the apprenticeship class? (if applicable)			
Attitude – Commitment - Safety	I am willing to behave appropriately, commit to my Training and wear the Saint Yon uniform, as required.		<input type="checkbox"/> Yes
Student Signature		Date	

**Parent Declaration**

Please indicate in the space provided why you support your child's application			
<p>The fee structure for external students in 2017 is \$285 per year for each course</p> <p><i>This fee is for Systemic Sydney Catholic Colleges, other applications will attract higher fees</i></p> <p><i>You will be billed at the school where you have full time enrolment.</i></p> <p><i>Fees for LaSalle students are as per the school subject handbook</i></p>	I am willing to support this financial commitment:		<input type="checkbox"/> Yes
Parent Name <small>Please print</small>			
Parent Signature			
Date			

**Principal Support**      **I Support this student application**

Principal Name <small>Please print</small>			
Principal Signature		Date:	