



2020 VET PROGRAM

EXPRESSION OF INTEREST

PERSONAL DETAILS:

Student's name: _____ Home Group: _____

PROGRAM DETAILS:

TICK BOX BELOW

VET Course(s) LIST IN ORDER OF PREFERENCE	Provider Eg. EASVA, Inner South,	Semester 1	Semester 2	Full Year
1				
2				
3				

What are your reasons for choosing this VET Program(s)?

An application form and finance agreement form will be sent out in term 4.

INITIAL CONSENT:

Parent/Caregiver: (print name) _____

Parent/Caregiver: (signature) _____ Date: / /2019

Student: (print name) _____ (signature) _____

Please submit this form to Mr. Turnbull by Week 8 Term 3

**ADMINISTRATION ONLY Please ensure that copies go to all relevant personnel at your school
COURSE COUNSELLORS RECOMMENDATIONS:**

VET Coordinator / Counsellor (signature)

Date: