GLENUNGA INTERNATIONAL HIGH SCHOOL

Excellence[PB]
Opportunity[U]
International Mindedness
Harmony

2027 Yr 10 VET COURSE EXPRESSION OF INTEREST form

Name: _____ Mentor Group: _____

Date of Birth: _____ / _____ / _____ Gender: Female / Male / Non-binary

USI Number: ☐☐☐☐☐☐☐☐☐☐ Student ID: _____

Students intending to undertake a Vocational Education and Training (VET) course are required to provide a USI number. To generate a USI number go to www.usi.gov.au

Student Mobile:_____ Student Email: _____

Does the student identify as Aboriginal or Torres Strait Islander? Yes / No

Support needs - Select any that are applicable:

☐ The student has a negotiated education plan

☐ The student has a known disability Details: _____

VET Course Name: _____

VET Course Code: _____ Course Provider:_____

Course Location: _____ SACE Credits: _____

Course duration: _____ Course Cost: $ _____ (this will be invoiced to the family)

Parent/Caregiver Information

Parent/Caregiver name: _____

Parent/Caregiver contact number: _____

Parent/Caregiver contact Email: _____

DECLARATION

I agree to _____ (***Student name)***

applying for the above VET Course and understand and agree to the payment of the VET course costs.

Signed (Parent/Caregiver) _____**Date** _____/_____/____

Signed (Student) _____**Date** _____/_____ /____

Please Note

□ Completion of this form does not guarantee entry into any program

□ I understand that by signing this agreement the total cost to participate in this program will become legally recoverable.