

Term 2 Expression of Interest for Youth Engagement Strategy

Course Preference 1:		Campus	
Course Preference 2:		Campus	

Student information: **This form cannot be processed without a Unique Student Identifier (USI) Number.**

To create a USI go to <https://www.usi.gov.au/>

Unique Student Identifier No:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Family Name:		Date of Birth:	/	/
First Name:		Preferred Name:		
Address:				
Suburb:		State:	NSW	Postcode:
Phone: (Home)		Student mobile:		
Student email address:				
Are you of Aboriginal and/or Torres Strait Islander descent?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> No			

Parent / Guardian Acknowledgement

Online Communication Services - Acceptable Usage (Internet Access and Email)

TAFE NSW provides students with an internet and email account to improve their learning opportunities in a safe environment. Students must abide by the TAFE NSW policies when using the internet and email services. Policies, published at: <https://www.det.nsw.edu.au/policiesinter/category> Parents or Guardians of students under 18 years of age will need to inform the student's campus in writing if they **DO NOT want their child to have access** to the TAFE NSW Internet and email facility.

This signature below gives permission for participation in this program and confirms the parent /guardian agrees to the TAFE NSW enrolment and guidelines.

Parent Name:	
Parent Mobile Contact:	
I give TAFE NSW permission to use this student's name and /or photo for general promotion and marketing of education and training by TAFE NSW. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Signature:	

Must be completed by the student *only*:

Write a sentence below telling TAFE about yourself and any career interests:

Name two things/skills/qualities you are good at:

1.....

2.....

Student Acknowledgement:

As a student undertaking a TAFE course, I agree to abide by the following guidelines:

- I must follow all COVID 19 guidelines as directed by TAFE NSW Staff
- I am entering an adult learning environment and accept full responsibility for my behavior
- I understand that I must not stop others from learning or the teacher from teaching
- I will give a high priority to all Work, Health & Safety issues in the workshop and classroom
- I understand the commitment to attendance involved in undertaking a TAFE NSW course
- I will attend all scheduled lessons and always be on time
- I understand that **I must stay inside the Campus grounds**
- I understand that **I cannot leave class** before the end of the lesson and I understand the teacher cannot give me permission to do so
- **I understand NO mobile phone in class time**
- No **smoking or vaping**

Student Name:	
Student Signature:	
To be completed by the School	
Year of study at school in 2021:	<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11
Name of School:	
School Contact name for reporting:	
School Contact number:	T:
School Contact email address:	E:
Has the student completed a YES course previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a History of Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, a TAFE NSW risk assessment process will need to be completed prior to any offer of a position</i>
Does the student have any learning needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes, additional information must be attached</i>
If Yes , mark applicable box/boxes and attach any Learning/Behaviour plans to the application.	1. <input type="checkbox"/> Vision 2. <input type="checkbox"/> Hearing/Deaf 3. <input type="checkbox"/> Physical and Chronic 4. <input type="checkbox"/> Intellectual 5. <input type="checkbox"/> Neurological (includes ASD, ABI, Learning) 6. <input type="checkbox"/> Mental Health 7. <input type="checkbox"/> Social/Emotional 8. <input type="checkbox"/> Other
Does the student suffer from a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , mark applicable box/boxes.	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies Other.....
Please provide a Health Care Plan + any additional information	
Student ability to cope with TAFE adult learning environment	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's ability to work with others	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's common sense	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's communication skills	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's school attendance	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
School Delegate Name:	
Signature:	