

Expression of Interest Form

Students and parents/guardians must complete the first two sections of this form and return it to the school VET Coordinator. Please note **THIS IS NOT AN ENROLMENT FORM**. The RTO Program Coordinator will contact the student/school VET Coordinator with interview details and results.

Student to complete all details in BLOCK LETTERS				
Unique Student Identifier (USI) (https://usi.gov.au)		□ □ □ □ □ □ □ □ □ □		
School details	Name of 2024 school			2024 Year level
	Name of 2025 school			
2025 School location	<input type="checkbox"/> Darwin/Palmerston <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Katherine <input type="checkbox"/> Alice Springs <input type="checkbox"/> Other			
Given name			Surname	
Phone			Mobile	
Date of birth			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Not Specified	Do you speak English at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email address				
Postal address				
VET Courses				
List previous courses you have already completed	Course Name		RTO	
	Course Name		RTO	
VET Course Choice 1	Course Name:		RTO	
VET Course Choice 2 <small>you do not have to select more than 1 course</small>	Course Name		RTO	
Please write a sentence on why you would like to participate in your first choice of VET program.				

Student commitment			
<p>If I am selected to participate in this course, I understand:</p> <ul style="list-style-type: none"> that full attendance is critical to success in this program and will strive to meet this requirement. that I will be taught in an adult education setting and that training, assessment and behaviour expectations will be different from that experienced in school. I will strive to meet these expectations. that I need to achieve all elements of competence in order to receive a Statement of Attainment or Certificate and go to gain maximum credits towards my NTCET. that original VET Transcripts and Certificates will be sent directly to me and that I am responsible to provide copies to my school if I want my VET qualification to count towards my ATAR. 			
Student signature		Date	
Parent/Guardian to complete all sections of permissions in BLOCK LETTERS			
Parent/Guardian Name		Email Address	
Emergency Contact Details			
About your child: Let us know if your child has any special needs that may affect their participation in this course.			
Reading and writing or understanding English	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Maths and numbers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Hearing, vision, physical disability, medical condition, mental illness, acquired brain impairment, learning issues, something else.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p>If you answered YES to any of these questions, your child's School VET Coordinator will complete an NT Department of Education Training and Assessment Plan (TAP) and provide it to the RTO to determine if/what assistance or adjustments can be made to enable your child to participate in the desired VET program.</p>			
I give permission to disclose this information and my child's Education Assistance Plan/Training Access Plan to the RTO Program Coordinator and Lecturer/Trainer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Declaration			
I,		give permission for my child,	
<p>to:</p> <ol style="list-style-type: none"> Select a VET course that: <ul style="list-style-type: none"> may be offered in a location other than my child's school. may attract material fees from the training provider. may have a timetable that extends beyond normal school hours. will require additional enrolment and resulting information to those of the secondary schools. I give permission for my child to participate in a Structured Work Placement and permit the information on this form to be provided to the NT Department of Education and a host workplace for the purpose of managing the Structured Work Placement. Participate in excursions and activities directly related to the delivery of the VET program. <input type="checkbox"/> YES <input type="checkbox"/> NO I give permission for the RTO or the host workplace to administer first aid and/or arrange an ambulance for my child if it is necessary for their health welfare. <input type="checkbox"/> YES <input type="checkbox"/> NO I give permission (if related to the VET course) for my child to attend Structured Work Placement on a licenced premise, where alcohol may be in the vicinity. <input type="checkbox"/> YES <input type="checkbox"/> NO 			

5. I give permission for my child's VET results to be shared with their school and the NT Department of Education.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. I give permission for my child to receive assistance in setting up his/her Unique Student Identifier.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. I give permission for my child to access online training material and other internet or electronic applications as required by the training provider and under the policies and procedures of the training provider.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. I give permission for the use of my child's image and name in promoting VET for Secondary Students and/or VET-related productions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. I give permission for my child to be withdrawn from the VET course and returned to the care and supervision of the school should they not participate in the VET course appropriately or creates an unsafe environment for self or other participants.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. I can confirm that I have received information about the course.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parent/Guardian signature		Date
School VET Coordinator to complete all sections in BLOCK LETTERS		
VET Coordinator name		School
I have read the Expression of Interest above. If an Educational Assistance Plan/Training Access Plan is required, I will liaise with the RTO for its appropriate completion. As VET Coordinator, I commit that I and staff from our school will support the above student in undertaking this VET course.		
VET Coordinator signature		Date
RTO Course Coordinator		
RTO Course Coordinator Name		Phone
Email		
Does the student require an interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>*If yes, contact the School VET Coordinator to arrange a time and complete the following:</i>		
Date:		Time:
		Venue:
****Please contact the School VET Coordinator for the students' records****		
Advised School VET Coordinator of acceptance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date
Provide student with course information¹ and delivery information²	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date
RTO Course Coordinator signature		Date

¹ Course information includes course code, unit name and code, nominal hours etc.

² Delivery information includes commencement and completion date, class times and location.