

GRAND JUNCTION TRADE TRAINING CENTRE – (ST PAULS COLLEGE) STUDENT ENROLMENT FORM

APPLICATION PROCEDURE:

- (a) PLEASE COMPLETE STUDENT ENROLMENT FORM IN FULL WITH APPROPRIATE SIGNATURES
- (b) PLEASE RETURN TO YOUR SCHOOL VET COORDINATOR WHO WILL ARRANGE FOR LODGEMENT WITH GJTTC – CONTACT DETAILS BELOW – WITH OTHER REQUIRED PAPERWORK IE. TGSS FORM A IF APPLICABLE AND RTO ENROLMENT FORM.
- (c) UPON ACCEPTANCE OF YOUR APPLICATION, THE RTO WILL COMPLETE FORM B (IF APPLICABLE) OFFER OF TRAINING AND RETURN TO SCHOOL VET COORDINATOR OR IF NON TGSS LETTER OF ACCEPTANCE IS FORWARDED TO STUDENT AND SCHOOL.
- (d) UPON ACCEPTANCE OF THE FORM B, STUDENT, PARENT/GUARDIAN AND HOME SCHOOL PRINCIPAL COMPLETE FORM B SECTION 6 SIGNATURE AND RETURNS TO GJTTC.
- (e) RTO SIGNS FORM B AND RETURNS COPY TO SCHOOL
- (f) RTO WRITES TO THE STUDENT/PARENT TO FORMALLY CONFIRM THAT THE STUDENT IS UNDERTAKING TRAINING WITH THE PROVIDER THROUGH TGSS AND OUTLINES DETAILS OF THE TRAINING AND POST-SCHOOL PATHWAY
- (g) A \$200 NON REFUNDABLE DEPOSIT IS REQUIRED
- (h) ENQUIRIES CAN BE MADE TO THE FOLLOWING CONTACTS:-

INITIAL AND GENERAL ENQUIRIES –

Peter Staley

Trade Centre Manager

Telephone: 08 8334 8363

Email: pstaley@stpauls.sa.edu.au



**Grand Junction
Trade Training Centre**

AT ST PAUL'S COLLEGE

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Information collected is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for GJTTC activities.

1. PARTICIPANT PERSONAL INFORMATION			
TITLE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
FAMILY NAME			
GIVEN NAME(S)			
PREFERRED NAME			
DATE OF BIRTH	DAY	MONTH	YEAR
USI NUMBER			
2. RESIDENTIAL ADDRESS & CONTACT DETAILS			
ADDRESS			
SUBURB	STATE:	POSTCODE:	
PHONE NUMBER	EMAIL:		
MOBILE PHONE NO			
3. POSTAL ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS			
PO BOX NO	SUBURB:	STATE:	POSTCODE:
4. EMERGENCY CONTACT AND/OR PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)			
EMERGENCY CONTACT 1			
NAME	RELATIONSHIP:		
LANDLINE NUMBER HOME	LANDLINE NUMBER WORK:		
MOBILE PHONE NUMBER	EMAIL ADDRESS:		
ADDRESS – RESIDENTIAL & POSTAL			
EMERGENCY CONTACT 2			
NAME	RELATIONSHIP:		
LANDLINE NUMBER HOME	LANDLINE NUMBER WORK:		
MOBILE PHONE NUMBER	EMAIL ADDRESS:		
ADDRESS – RESIDENTIAL & POSTAL			

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5. EMPLOYER DETAILS (IF SCHOOL BASED APPRENTICESHIP)			
COMPANY NAME			
CONTACT NAME	POSITION:		
ADDRESS			
SUBURB	STATE:	POSTCODE:	
PHONE NUMBER	EMAIL:		
MOBILE PHONE NO.	FAX NO:		
6. HOME SCHOOL			
SCHOOL			
VET COORDINATOR/ CONTACT NAME	POSITION:		
ADDRESS			
SUBURB	STATE:	POSTCODE:	
PHONE NUMBER	EMAIL:		
MOBILE PHONE NO.	FAX NO:		
PLEASE SELECT COURSE:	<input type="checkbox"/> Certificate II in Construction Pathways– CPC20211 <input type="checkbox"/> Certificate III in Carpentry – CPC30211 <input type="checkbox"/> Certificate II in Automotive Servicing Technology – AUR20516 <input type="checkbox"/> Certificate II in Electrotechnology (1 st Year) – UEE22011 <input type="checkbox"/> Certificate II in Electrotechnology (2 nd Year) – UEE22011	TGSS TGSS TGSS TGSS TGSS	<input type="checkbox"/> NON-TGSS <input type="checkbox"/> NON-TGSS <input type="checkbox"/> NON-TGSS <input type="checkbox"/> NON-TGSS <input type="checkbox"/> NON-TGSS
COMMENCEMENT DATE		TERMINATION/ COMPLETION DATE:	
7. EDUCATION HISTORY			
PLEASE LIST PRE REQUISITE OR OTHER CERTIFICATES/QUALIFICATIONS YOU MAY ALREADY HAVE GAINED. IF YOU REQUIRE MORE SPACE PLEASE ATTACH SEPARATE SHEET.			
QUALIFICATION		YEAR ACHIEVED	
EDUCATIONAL INSTITUTION			
QUALIFICATION		YEAR ACHIEVED	
EDUCATIONAL INSTITUTION			

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1. In which country were you born?	Australia <input type="checkbox"/> Other (Please specify)
2. Are you currently enrolled in secondary school?	Yes <input type="checkbox"/> No (Go to 4) <input type="checkbox"/> If yes which of the following applies: School Based Apprenticeship, Training contract <input type="checkbox"/> Training Guarantee for SACE Students <input type="checkbox"/> Exemption from attending school <input type="checkbox"/>
3. What is your highest COMPLETED school level? (Tick one box only)	Completed year 12 or equivalent <input type="checkbox"/> Completed year 11 or equivalent <input type="checkbox"/> Completed year 10 or equivalent <input type="checkbox"/> Completed year 9 or equivalent <input type="checkbox"/> Completed year 8 or lower <input type="checkbox"/> Did not go to school <input type="checkbox"/>
4. In which YEAR did you complete that school level?	
5. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	No, English only <input type="checkbox"/> Yes, other (Please specify)
6. How well do you speak English?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All <input type="checkbox"/>
7. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal <u>AND</u> Torres Strait Islander origin, mark both 'Yes' boxes)	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>
8. Do you consider yourself to have a disability, impairment or long-term condition? (You may indicate more than one area)	No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Mental Illness <input type="checkbox"/> Yes, Acquired Brain Illness <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Medical Condition <input type="checkbox"/> Yes, Other <input type="checkbox"/>

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SPECIAL STUDENT NEEDS AND CONSIDERATIONS	
(a)	Does the student have any special achievements, talents? YES / NO
(b)	Does the student have any Learning Problems? YES / NO
(c)	Has the student attended any specialised agencies, special schools, units, centres or Behaviour Management Services? YES / NO
(d)	Does the student have any special needs or considerations? (Disabilities, impediments, allergies, restrictions on physical activity) YES / NO
(e)	Does the student require any special provisions to be made by the TTC (eg medication, disabled access etc) YES / NO
(f)	Does the student have any infectious diseases? YES / NO
If YES to any of the above questions, please give details, using attachments if necessary.	
<p>18. Please ensure the following are completed and returned with this enrolment form.</p> <ul style="list-style-type: none"> • TGSS Form A completed (if applicable) - YES / NO • TAFE Registration – YES / NO • Shirt size: S M L XL 2XL – Please circle preferred size for Hi Vis Shirt and Jumper. 	

GRAND JUNCTION TRADE TRAINING CENTRE – (ST PAULS COLLEGE)

STUDENT ENROLMENT FORM

RELEASE OF INFORMATION

1. The Trade Training Centre (TTC) respects the privacy of personal and sensitive information regarding students and their family. The TTC collects personal information about the student and parent(s) or guardian(s) before commencement of a Vocational Education and Training (VET course). The primary purpose of collecting this information is to enable the TTC to provide appropriate training for the student. Some of the information the TTC collects is to satisfy the TTC's legal obligations, particularly to enable the TTC to discharge its duty of care.
2. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information in some circumstances.
3. The TTC from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes government departments, South Australian Commission for Catholic Schools, Catholic Education Offices, medical practitioners and people providing services to the TTC including hourly paid instructors (HPI's)
4. The TTC from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
5. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of the student.
6. Personal information collected from students is regularly disclosed to their parents or guardians. There may be occasions where information such as training achievements, student activities and other news is published in newsletters, magazines and our website.
7. Parents or guardians may seek access to personal information collected about them and their child by contacting the TTC. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the TTC's duty of care to the student, or where students have provided information in confidence.
8. If you provide the TTC with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the TTC and why, that they can access that information if they wish and that the TTC does not usually supply the information to third parties.

GJTTC PARENT/GUARDIAN DECLARATION

9. I/we accept that support of TTC staff and cooperation concerning training activities is essential.
10. I/we accept that we will abide by TTC policies as amended from time to time.
11. I/we accept that participation in Structured Workplace Learning (SWL) is compulsory.
12. I/we accept that the TTC reserves the right to refuse training to a student for serious or continued breaches of TTC rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the TTC. This would be referred to the principal of the Home School.
13. I/we accept the standards the TTC sets regarding uniform and personal protective equipment (PPE).
14. I/we accept responsibility for the payment of training fees and other costs (including additional training materials as required)
15. I/we accept that the TTC does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my/our responsibility.
16. I/we accept that the TTC reserves the right to impose a financial penalty should I/we withdraw my/our son/daughter from the agreed training course. I agree to pay \$100 should my son/daughter withdraw within 5 weeks of course commencement. I/we agree to pay the full cost of the training course should my son/daughter withdraw after 5 weeks of commencement or continue to be absent for a period of 3 weeks without explanation. I/we understand that if my son/daughter if asked to leave the TTC, I/we will be required to pay the full payment of the training course.
17. I/we consent for my/our child's photos, images, videos taken during class activities to be published by TTC and Catholic Education in documents, school magazines, newsletters, displays, journals and professional development materials for teachers. I/we consent to my/our child's work being published from time to time in these publications.
18. I/we consent for my/our child's photos, images, videos taken during training activities to be published on the TTC, Home School or Catholic Education's web site. In addition I/we consent to my/our child's work being published from time to time on these websites;
19. I/we consent to be contacted by mobile phone SMS text message for non-urgent matters concerning my/our child.

I/we declare that all of the information provided in this application is, to the best of my/our knowledge, true, and I/we acknowledge and accept all of the above terms and conditions (clauses 1-20).

Mother/Parent/Guardian (signature) _____ Date: _____

or

Father/Parent/Guardian (signature) _____ Date: _____

INFORMATION

(INFORMATION IS USED FOR STATISTICAL REPORTING AND SKILLS FOR ALL ELIGIBILITY AS REQUIRED BY ACCREDITATION BODY)

The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

PLEASE NOTE

If applicants accept an offer of enrolment, the terms and conditions detailed in this *Application for Enrolment* are incorporated in the Enrolment Contract.

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OFFICE USE ONLY - GJTTC			
Resource Fee Paid \$ / /	Date / / /	Accepted / Not Accepted / Waiting List (Circle One)	
Receipt No:	Year Level	Year	Date / /
(Updated 08/2017)		By: Peter Staley	
TGSS Contract Approved		NON – TGSS Fee Paid	Date / /

Privacy Statement

St Paul's College is committed to protecting the privacy and security of personal information provided to us. The personal information you provide on this form will be used by the College to provide schooling for your son and to satisfy the College's legal obligations, in particular to enable the College to discharge its duty of care. You have the right to access any personal information that the College holds about you, subject to the exceptions in the Privacy Act 1988 (Cth). You may also request the correction of information that is inaccurate. If you would like further information about the way the College manages the personal information it holds, please contact us on 8266 0622.