Please Select

EASVA
East Adelaide Secondary Vocational Alliance

For courses starting in 2026

EXPRESSION OF INTEREST FORM

Complete this form electronically then print, sign and return it to the VET Leader at your school to progress.

Course Name	Semester,Yr or 18mth	Host School / Delivery Site

STUDENT'S PERSONAL DETAILS

Full name: _____

Year level at course commencement: _____

Home school: _____

Gender: _____

Date of Birth: ____ / ____ / _____

Mobile: _____

Student email: *personal & school* _____ _____

Student Number *(ED ID)*: _____

SACE ID: _____

Home/Residential Address: _____

Mailing Address (if different to above): _____

USI Number: students intending to undertake a Vocational Education and Training (VET) course are required to secure a USI number. View the privacy-policy and then to generate a USI number go to www.usi.gov.au. **Attach print out from the website to this application, which clearly states your USI and the full name used to generate the USI.**

Cultural Information: Tick if relevant

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ from a non-English speaking background

Country of Birth: ☐ Australia ☐ Other: dropdown Date of Arrival in Australia: ____/____/_____

Home language: - Australian Citizen or Permanent Resident ☐ If no, enter Visa sub-class: _____

I have: ☐ a Health Support Plan (health or mental health issues)

- Outline the support you require and/or attach the relevant information to assist the trainer.

_____

_____

☐ a Negotiated Education Plan (learning needs)

- Outline your requirement and/or attach the relevant information to assist the trainer.

_____

_____

Are you a Flexible Learning Options (FLO) student? ☐ Yes ☐ No If Yes, please provide Case Manager name &contact:

Are you in care or under guardianship of the Minister? ☐ Yes ☐ No

Are there any current Court sanctioned orders relating to you? ☐ Yes ☐ No If Yes, please attach a copy.

On what date was the order issued OR on what date is the order due for review? ____/_____ /_____

Is there any other student information relevant to host school?

_____

_____

PARENT/CARER CONTACT DETAILS:

1. Name: _____ Relationship: _____

   Address: _____ Post Code: _____

   Email: _____ Work/Mobile: _____

2. Name: _____ Relationship: _____

   Address: _____ Post Code: _____

   Email: _____ Work/Mobile: _____

EMERGENCY CONTACT DETAILS (if neither person above can be contacted):

Name: _____ Relationship: _____

Email: _____ Mobile: _____

CODE OF CONDUCT & AGREEMENT

CODE OF CONDUCT

EASVA is the East Adelaide Secondary Vocational Alliance comprising of eight Department for Education schools. The courses and programs offered are designed to allow for career exploration and preparation, especially in skills shortage areas. EASVA is committed to supporting students enrolled in VET courses and other programs to be successful at school, training and in the workplace.

Home School

- Support EASVA Code of Conduct
- The program takes precedence over other events held at school (except for exams).
- If students are attending an afternoon course they need to sign out at their home school before attending the VET course.
- Review student progress reports with the student, at least once a term, and discuss with trainer, host and others as appropriate.
- Support the student to avoid withdrawal, and communicate with host, trainer and EASVA if withdrawal is required
- Report student results appropriately for SACE.
- Support appropriate use (catch up of missed school lessons) of free study time and library use if the student has these .
- Payment of tuition and equipment fees have been discussed and agreed by all parties.
- Aware Department for Education Students undertaking a regional course in a School maybe partially enrolled in the host school.

Student Pre Program

- Understand the course information, expectations and requirements and EASVA Code of Conduct.
- Aware that some information regarding the VET program may need to be shared between the course provider and your home school.

Student General/For the duration of the VET course

- Will attend all of the course sessions as well as completing all online learning modules and assessment tasks and, fulfill the requirements of any required Structured Workplace Placement.
- Follow all rules, behavioural, attendance and other expectation of the host school, RTO and workplace, recognising that any infringement will be managed in line with appropriate regulation.
- Comply with Work Health & Safety relevant to the work and training program.
- Check emails regularly and communicate promptly with all parties, as required.
- Will use my study time at school and home well to support my success in the VET program and school subjects.
- Satisfactorily complete all formative and summative assessment tasks and actively seek assistance (or couselling) if necessary or faced with difficulties.

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CODE OF CONDUCT continued

Student at each VET session

- Wear home school uniform (except at Marden Senior College) and be prepared with any safety clothing, as required by the trainer.
- Attend school and training as negotiated, arrive punctually and take only the allocated break times.
- If unable to attend then I must inform both the course trainer and my own school VET Leader ASAP, followed by note from parent.
- Check my mobile phone only during allocated breaks.
- Consistently meet all assessment or task deadlines, unless prior negotiation has occurred with the trainer.
- Organise my own travel arrangements to and from my course.

STUDENT:

I have read and understood the "EASVA Code of Conduct" and will actively support it to the best of my ability.

Name _____ Signature _____

Date_____

PARENT/CARER ENDORSEMENT:

I give permission for:

- My child to participate in the nominated VET course. I understand that by signing this form that we agree to commit to this VET program for the duration of the training and pay the course costs as per my home school policy.
- My child to attend this program away from their home school (if applicable) and will take responsibility for their attendance.
- Our details to be disclosed to the host school / training provider and other parties as required.
- The information provided in this form to be used for this enrolment and will provide further details should the host school request.
- We agree to meet the requirements as above. I understand that failure to meet the course requirements will result in non-completion. This could affect the number of SACE credits the student will earn and possibility the completion of their SACE.

Parent Name _____ Signature _____

Date _____

HOME SCHOOL ENDORSEMENT:

I support this student's application for their nominated course.

VET Leader Name _____ Signature _____

Date _____

Adelaide Botanic High School · Adelaide High School · Charles Campbell College · Glenunga International High School · marden senior college · your pathway to success · Marryatville High School · Norwood International High School · open access college

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MEDICAL RELEASE FORM

Student's Name: _____ _____

Surname Given Name(s)

In case of injury or illness, every effort is made to reach either parent/carer or emergency contact person on telephone numbers listed on the EASVA Expression of Interest form.

Staff will administer basic first aid. The school will normally rely on the contacted person to arrange medical treatment. We will contact the nearest emergency department in cases where urgent treatment is required. For such cases, the following information about your child should be completed.

Date of Birth: _____Medicare Number: _____ Medic Alert Number: _____

Family Doctor (or Clinic): _____Specialist (if appropriate):_____

Ambulance cover: yes no if yes, please provide membership no.: _____

Date of last tetanus Immunisation: _____

Does your child wear glasses? Yes no contact lenses yes no hearing aid yes no

Provide details of any known medical/health conditions below ie allergies (what to and symptoms), asthma diabetes, epilepsy, etc

Medical condition	Medication	Medical Equipment / Action required

Authorisation: I authorise the host school, on my behalf, to take what reasonable medical action is deemed necessary.

Parent/ Carer _____ _____ Date _____

Name Signature

Media Consent Form – Child/Student

This form applies to all Department for Education settings including schools, preschools, corporate and early childhood services.

Government of South Australia
Department for Education

Permission to use image, video, voice, and/or creative work of students and children

I give consent for the Department for Education to create, use and/or reproduce:

- samples of my child's creative work
- images, video and/or audio recordings of my child
- my child's name and school/preschool/education setting name

and publish/distribute them with *(please choose ONE only)*:

☐ **Full Consent — Internal, external and promotional use**

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.
- Includes public websites, social media, print publications, recognised traditional media (broadcast, online, print).
- Includes advertising and promotional materials.

☐ **Partial Consent — Internal and external use**

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.
- Includes public websites, social media, print publications, recognised traditional media (broadcast, online, print).

☐ **Limited Consent — Internal use**

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.

☐ **No Consent — I do not give consent**

I understand that permission (including previously granted consent) will continue until it is revoked in writing to the principal, preschool director or relevant corporate office manager.

I understand that this consent form grants the Department for Education and associated external organisations to use the media under the Creative Commons Non-Commercial Licensing.

Signatures

Full name of child/student _____ Date _____

School/preschool/setting _____

Parent/guardian's name(s) _____

Parent/guardian's signature(s) _____

Please note

Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

This form must be filed in a central location at the associated school, preschool or corporate office.