



Student Registration for VET Work Placement

PLEASE COMPLETE AND RETURN TO **Western Student Connections**

Phone: 02 6885 6144

Fax: 02 6885 6199

Email: reception@wsc.edu.au

Post: Western Student Connections PO Box 1033, Dubbo NSW 2830

STUDENT DETAILS

Surname:

Given Names:

Home Address:

Town:

Postcode:

Home Phone:

Mobile:

Email Address:

Date of Birth:

Male

Female

Medicare Number:

PARENT / GUARDIAN DETAILS

Parent/Guardian Name:

Contact Phone:

Relationship to Student:

Mobile:

EMERGENCY CONTACT

Emergency Contact Name:

Contact Phone:

OTHER INFORMATION

School attending:

Year level:

Aboriginal/Torres Strait Islander? Yes No

Non-English Speaking Background? Yes No

Do you have a disability or any special needs? Yes No

If yes, please provide details:

Please list VET Course/s Studied Teacher

If studied at TAFE, which campus?

Do you have a medical condition an employer should be aware of? Yes No

If Yes, please complete medical details on next page

Declaration:

I declare that the information that I have provided is accurate. I am aware that the information provided by students and teachers is used solely for the purpose of coordinating structured work placement, it will be stored securely and will only be disclosed for the purpose for which it is collected.

Signature of student

Date

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STUDENT MEDICAL DETAILS

Student Name: _____

Doctor's Name: _____

Doctor's Phone: _____

Details/ information of medical condition *(please list any special requirements the employer may need to be aware of)*

OPTIONAL TEACHER SECTION

Please rate this student against the skills checklist below ticking the appropriate box. RTOs may need to liaise with the school VET Coordinator to assist with completion. If the student has any 'special needs', please provide this information in the section underneath.

Skill	Poor	Avg	Good	Exc	Skill	Poor	Avg	Good	Exc
Attitude to VET Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative Displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs / General Comments:

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