



LE FEVRE
HIGH SCHOOL

VET EXPRESSION OF INTEREST FORM

STEP 1: COMPLETE STUDENT DETAILS

Name:			
Current Year Level		Care Group:	
Date of Birth:		Mobile:	
Email:			
Does the student identify as Aboriginal or Torres Strait Islander?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>
USI Number:			
<i>To register for a USI Number, please visit www.usi.gov.au</i>			

STEP 2: SELECT A COURSE OF INTEREST

OPTION 1 – FLEXIBLE INDUSTRY PATHWAY COURSES AT LE FEVRE HIGH SCHOOL (Full Certificate Subsidised training)

Electrotechnology (Career)	<input type="checkbox"/>	Manufacturing and Engineering	<input type="checkbox"/>
Cookery	<input type="checkbox"/>	Maritime Operations	<input type="checkbox"/>

OPTION 2 – FLEXIBLE INDUSTRY PATHWAY COURSES (Full Certificate Subsidised training)

Building and Construction Construction <input type="checkbox"/> Plumbing <input type="checkbox"/>	<input type="checkbox"/>	Mining, Engineering and Automotive Automotive Servicing Technology <input type="checkbox"/> Resources and Infrastructure <input type="checkbox"/>	<input type="checkbox"/>
Hair & Beauty Retail Cosmetics <input type="checkbox"/> Hairdressing (including barbering) <input type="checkbox"/>	<input type="checkbox"/>	Art, Design & Visual Effects Screen & Media <input type="checkbox"/> Information Technology (Game Development) <input type="checkbox"/>	<input type="checkbox"/>
Hospitality Food Processing <input type="checkbox"/> Hospitality <input type="checkbox"/>	<input type="checkbox"/>	IT Information Technology (ICT) <input type="checkbox"/>	<input type="checkbox"/>
Health & Lifestyle Health Support <input type="checkbox"/> Individual Support (Ageing) <input type="checkbox"/> Individual Support (Disability) <input type="checkbox"/>	<input type="checkbox"/>	Primary Industries & Science Agriculture <input type="checkbox"/> Animal Care <input type="checkbox"/> Aquaculture <input type="checkbox"/> Horticulture <input type="checkbox"/> Rural Operations <input type="checkbox"/>	<input type="checkbox"/>
Community Services Early Childhood Education <input type="checkbox"/>	<input type="checkbox"/>	Aviation Aeroskills <input type="checkbox"/>	<input type="checkbox"/>

OPTION 3 – OTHER STACKABLE VET OPTIONS (Introduction Courses, Advanced Courses, Skill Clusters)

Course:
RTO/Location:





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STEP 3: PROVIDE EVIDENCE

Provide any evidence of industry immersion activities that you have participated in that supports your future career pathway. This could include:

- PLP careers research
- Work Experience
- Volunteering
- SACE/Curriculum projects
- Training/Short courses
- VET taster
- Industry Immersion Activities

Student Signature _____ Date: _____

STEP 4: PARENT/CAREGIVER ENDORSEMENT

I have discussed this expression or interest with my child and endorse that they are looking to use this pathway as a means to employment.

Name: _____ First: _____ Last: _____

Email: _____
Bigpond Email addresses are not accepted due to known issues.

Phone: _____

Commitment to Pay: I acknowledge that there will be a financial contribution made prior to acceptance into any course.
 I agree to pay the Gap Fee (if any) for the course my child is attending

Permissions: I give permission for:
 The student listed on page 1 to participate in the VET Program/s identified on page one, hosted by the School/Organisation identified on page 1.
 The student listed on page 1 to attend this program away from the school site (if applicable). I am aware that I am responsible for his/her attendance and travel costs.
 Images (photos/video) of the student listed on page 1 to be used for promotional purposes:
YES NO
 The information on this form to be supplied to the Host School/Organisation to ensure the safety and wellbeing of the student.
 The Host School/Organisation to call an ambulance when, in the judgment of a First Aid Officer, urgent medical attention is required (the parent/caregiver will be liable for any costs associated).

Parent/Caregiver Signature: _____ Date: _____

STEP 5: SUBMIT COMPLETED PAPERWORK TO VET LEADER

