

**PROGRAM SELECTION**

Name of Program: **Certificate II in Civil Construction (RII20715)**  
 Campus: **ERTECH CONSTRUCTION ACADEMY (52 Harrow Street, West Swan)**  
 Delivery Days: **2018 - Year 11 Thursday (Terms 1-4)      2019 – Year 12 Friday (Terms 1-3)**

**STUDENT NAME**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

**MEDICAL CONDITIONS**

Do you have any physical or medical conditions?      Yes       No   
 Do you have any allergies?      Yes       No   
 If **yes** to any of the above please provide details: \_\_\_\_\_

**SCHOOL – EDUCATION DETAILS**

Year when commencing the VETIS Profile Program:      Year 11       Year 12   
 SCSA Student Number (required): \_\_\_\_\_

**CURRENT SCHOOL IN 2017**

School Name: \_\_\_\_\_ VET Coordinator's name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ VET Coordinator's email: \_\_\_\_\_

**CURRENT SCHOOL IN 2018**

School Name: \_\_\_\_\_ VET Coordinator's name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ VET Coordinator's email: \_\_\_\_\_

**SCHOOL RESULTS**

Please attach a copy (no originals) of your latest school report (applications without a school report will not be considered) You may include any other information you think necessary to support your application (e.g references)  
 Report attached?      Yes

**PARENT / GUARDIAN DETAILS (This contact will be used for all correspondence)**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home or Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**APPLICANT AGREEMENT**

I certify that the above information is true and correct, that I understand the requirements of this program and I am prepared to commit to participate in this program if selected.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT / GUARDIAN AGREEMENT**

I certify that the above information is true and correct, and I understand the requirements for fees payable to participate in this program if our child selected.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SCHOOL REFERENCE (To be completed by the Principal, Deputy Principal or VET Coordinator)**

We support this application and endorse the student as being "work ready" and meeting the academic requirements of the program.

Yes

No

Yes with reservation

Please provide comments of the school's support or otherwise of this application:

Authorised School Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

PLEASE FORWARD THIS FORM TO: [eca@ertech.com.au](mailto:eca@ertech.com.au)

Please sign here

# STUDENT ENROLMENT FORM

To the Student: Please complete and sign this form. By signing you agree that you may be contacted by the Department of Education and Training and asked to participate in one or more surveys about this training program.	
First Names	Surname
Address	
Suburb/Town	
Postcode	Phone
Signature	
Date	

Please complete the form using an X in the appropriate boxes

What is your birth date?

Birth Date

What is your sex?

Male   
Female

What is your highest completed school year? (tick one box)

Completed Year 12   
Completed Year 11   
Completed Year 10   
Completed Year 9   
Completed Year 8 or lower   
Did not go to school

In what year did you complete the above school

Year

Are you currently attending secondary school?

Yes   
No

Have you successfully completed any of the following Qualifications?

Yes   
No

If YES tick any applicable boxes

Bachelor Degree or Higher Degree   
Advanced Diploma or Associate Diploma (or Associate Diploma)   
Certificate IV (or Advanced Certificate/Technician)   
Certificate III (or Trade Certificate)   
Certificate II   
Certificate I   
Certificates other than the above

How well do you speak English?

Very well   
Well   
Not well   
Not at all

Of the following categories which best Describes your main reason Undertaking this training program? (tick one box only)

To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement for my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest and self-development	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>

In which country were you born?

Australia   
Other – please specify

Do you speak a language other than English at home?

No, English only   
Yes, other – please specify

Are you an Aboriginal or Torres Strait Islander origin? (tick one box only)

No   
Yes, Aboriginal   
Yes, Torres Strait Islander   
Yes both Aboriginal and Torres Strait

Do you consider yourself to have a disability, Impairment or long term condition?

Yes   
No

If YES, please indicate the areas of Impairment or long term condition. (you may indicate more than one area)

Hearing/Deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical Condition	<input type="checkbox"/>
Other	<input type="checkbox"/>