



Media Authorisation Y  N

**STUDENT NAME:** ..... **Home School:** .....

**Certificate program name:** .....

Office use only:

COURSE CODE:		VETTRAK ID:	
1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> YEAR:		Entered by:	
STUDENT VSN:		Date entered:	

# 2025 VETDSS Application for Enrolment Form

**Student USI Number:** - - - - -

## PERSONAL DETAILS

Student Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Title (Mr, Miss, Ms, etc) \_\_\_\_\_ Gender: Male:  Female:  Other:

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Town/City of Birth: \_\_\_\_\_

Student Phone: Home \_\_\_\_\_ Student Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal (if different to above): \_\_\_\_\_

## EMERGENCY DETAILS OR NEXT OF KIN

Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile: \_\_\_\_\_

## LANGUAGE AND CULTURAL DIVERSITY

- In which country were you born?  Australia  Other (specify) \_\_\_\_\_
- Are you an Australian citizen  Yes  No
- Do you speak a language other than English at home?  No only English  Yes other (specify) \_\_\_\_\_  
(If more than one, indicate the language that is spoken most often)
- How well do you speak English?  Very well  Well  Not well  Not at all
- Are you of Aboriginal or Torres Strait Islander origin?  Yes  No  
If yes, please tick relevant box  Aboriginal  Torres Strait Islander  Both

Hamilton District Skills Centre @ Baimbridge College

85 Mt Baimbridge Road, Hamilton Vic 3300

Ph: 03 5571 1708

E: [Jodie.sanders@education.vic.gov.au](mailto:Jodie.sanders@education.vic.gov.au)

W: [www.hdsc.net.au](http://www.hdsc.net.au)

**Baimbridge College RTO: 22550**

ABN 27 521 730 710

## DISABILITY

In order to provide appropriate support services we invite you to give us information about any disability you may have.

1. Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

2. If YES, then please indicate the area of disability, impairment or long term condition:

(You may indicate more than one area)

- Hearing/deaf (11)     Learning (14)     Vision (17)  
 Physical (12)     Mental illness (15)     Medical condition (18)  
 Intellectual (13)     Acquired brain impairment (16)     Other (19)

3. If YES, do you require special assistance?  Yes  No

## SCHOOLING

1. Are you still attending secondary school? YES  NO:  Which school: \_\_\_\_\_

2. What is your highest COMPLETED school level? (Tick ONE box only)

- Completed Year 9 or equivalent (09)     Completed Year 10 (10)     Completed Year 11 (11)  
 Completed Year 12 (12)     Other (please specify)

3. Which **YEAR** have you completed your highest school level? Eg: 2024 Year: \_\_\_\_\_

## PREVIOUS QUALIFICATIONS ACHIEVED

1. Have you previously ever completed any Certificate qualifications?  Yes  No

If yes, please select which qualifications you have completed from the list below

- Certificate III (or Trade Certificate) (514)     Certificate I (524)  
 Certificate II (521)     Other than those listed (990)

If yes, what year completed: \_\_\_\_\_ Training Organisation \_\_\_\_\_

## REFUND POLICY

### Withdrawing from course

Any student wishing to withdraw from a training program must notify the Hamilton District Skills Centre in writing. Refunds will be granted as follows:

Before commencement of training	During the first 4 weeks of training	After 4 weeks of training
Full refund of monies paid, less \$50 and the value of any uniform items provided	Full refund of monies paid, less \$50 and the value of any uniform items provided or resources used	No refund. (Special circumstances may be negotiated and subject to HDSC Management)

## Privacy/Enrolment Declaration

### PRIVACY STATEMENT

Hamilton District Skills Centre (HDSC) is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/statistics/submitdata](http://www.skills.vic.gov.au/corporate/statistics/submitdata)). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.

The Education and Training Reform ACT 2006 requires Hamilton District Skills Centre (HDSC) to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed, please contact Hamilton District Skills Centre (HDSC) on 03 5571 1708 or [Jodie.sanders@education.vic.gov.au](mailto:Jodie.sanders@education.vic.gov.au)

### DECLARATION

I acknowledge that:

1. I confirm I have read and understood the privacy statement and completed all questions and details on the enrolment form
2. I understand I am responsible to pay all fees and charges applicable to this enrolment.
3. I authorize Hamilton District Skills Centre (HDSC) or its agent, in the event of illness or accident during any Hamilton District Skills Centre (HDSC) -organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.

Student print name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian print name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(If under 18 Yrs)*

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(If under 18 Yrs)*

## Parent/Guardian MEDIA Authorisation form

I, \_\_\_\_\_ (*parent/guardian name*) am the parent/legal guardian of the student named below and **agree to and provide permission** for the photographic, video, audio or any other form of electronic recording of (*student name*) \_\_\_\_\_ to be used by the media on behalf of the Hamilton District Skills Centre.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the media outlet.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the media outlet via the Hamilton District Skills Centre Administration.

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

Signature: \_\_\_\_\_  
(parent/guardian)

\_\_\_\_\_  
Printed name of Parent/guardian

\_\_\_\_\_  
Contact telephone number

Name of organisation: Hamilton District Skills Centre  
Facility Administrator : Jodie Sanders  
Telephone number: (03) 5571 1708

**OR**

I **DO NOT AUTHORISE** ANY FORM OF PHOTOGRAPHIC, VIDEO, AUDIO OR ANY OTHER FORM OF ELECTRONIC RECORDING TO BE RETAINED OR USED BY THE HAMILTON DISTRICT SKILLS CENTRE.

Name of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

## Local excursion permission form

STUDENT NAME: .....

PROGRAM NAME: .....

**I acknowledge and provide authorisation** for ..... **(Student name)** to participate in any local industry excursions that may occur, and I understand they will be under the supervision of a Hamilton District Skills Centre staff member at all times.

Students will be dismissed from the HDSC on these occasions at the normal HDSC class finish time scheduled for that day.

**OR**

**I DO NOT GIVE PERMISSION FOR LOCAL INDUSTRY EXCURSIONS**

Signed: .....

**Parent/Guardian (or student if OVER 18 yrs)**

Print Name : .....

**Parent/Guardian (or student if OVER 18 yrs)**