VET APPLICATION FORM 2024



FULL NAME:	YEAR LEVEL IN 2024
ADDRESS:	POST CODE:
DATE OF BIRTH:	(www.usi.gov.au) U.S.I. NUMBER (10 characters):
PARENTS MOBILE :	STUDENT MOBILE:
PERSONAL EMAIL (NOT PSC):	
VETDSS COURSE:	
R.T.O/CAMPUS (e.g: Chisholm, Frankston)	A.MP.M
This needs to be considered before	hin 3 weeks of the commencement of the course, and may attract a fee.

Parent/Guardian consent to enroll in a VET course

I wish for my child to be enrolled in the VET Course outlined above. I understand that there may be a material charge for the VET course.

Name:

Signature:

Date:

PLEASE ENSURE THIS APPLICATION FORM AND THE VET CONTRACT IS RETURNED TO MS. CAZ JENKINS IN THE PATHWAYS OFFICE (VET Coordinator)