Sydney Catholic Schools

Externally-delivered VET (EVET) Expression of Interest Form

This form should be completed by students who are interested in undertaking a VET course at a TTC/TSC, TAFE or Private Provider.

Note: **Completion of this form does not guarantee a place in an EVET course**. Students need to meet the Sydney Catholic Schools selection guidelines and follow the school's EVET selection processes. The school will then inform the student if they are approved to progress to the application stage.

1. Student Details

First Name:	Surname:
School:	
Email:	Year Group in 2023: 9 / 10 / 11 / 12
NESA Number:	USI:

2. Course Details – Which course are you applying for?

	Name of Course	Provider / Trade Training/Skills Centre	Location/Suburb
1st Preference			
2nd Preference (if 1st choice course is not available)			

Other course details (if applicable) eg week day_____

3. Information to support your application

Briefly explain why you would like to do this course.		
Have you completed work experience in this industry?	Yes / No (please circle) If yes, where?	
What other research have you done to find out about this course?		
Have you completed any other VET courses?		
Mathematics study	What level of Maths are you doing?	What grades are you achieving?

School Attendance	How many days have you been absent from school in the last semester? What was the reason for leave (sickness or other)?
School Based Apprenticeship or Traineeship	Are you interested in undertaking this course as a School Based Apprentice or Trainee? Yes / No Do you know a possible employer?

4. HSC Pattern of Study

List the subjects your are, or will be, completing for the HSC

Course	No. Units	Course	No. Units	Course	No. Units
English	2U				
Total Number of HSC Units:					

5. Student Signature

I understand the requirements of EVET courses and will endeavour to complete the above course to the best of my ability, including any Work Placement and Vaccination requirements (where applicable):	
Signature:	Date:

6. Parent/Carer Approval

I support my son's/daughter's application for this course. I understand that there is an additional fee payable for this course. I have been advised by my school how much this additional fee will be. I am aware of the Work Placement and Vaccination requirements for this course :	
Name:	Email:
Signature:	Date:

School Use Only

School approval is given: Yes / No Comments:		
Does the student have a Personalised Plan for Students with Disability (PPSD)? What is the student's level of adjustment (Please circle)?		Yes / No Supplementary Substantial Extensive
If yes, please forward this EOI to the Education Officer - Post School Pathways		
School EVET Coordinator Name:	Signature:	Date:

For students with diverse learning needs

This EVET course application is supported. Yes / No		
Education Officer - Post School Pathways Name:	Signature:	Date:

The fully signed copy of this form should be kept by the school.