

PROGRAM	
Name of Program:	Certificate II in Civil Construction (RII20715)
Campus:	Ertech Construction Academy (52 Harrow Street, West Swan)
Delivery Days:	Year 11 Thursday (Terms 1-4) Year 12 Friday (Terms 1-3)
STUDENT DETAILS	
Surname:	
Given Names:	
Current School: (if applicable)	
Year commencing program:	
USI Number:	
MEDICAL CONDITIONS	
Do you have any medical conditions?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have any allergies?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide additional details:	
SCHOOL – EDUCATION DETAILS	
Year commencing the VETIS Program:	Year 11: <input type="checkbox"/> Year 12: <input type="checkbox"/>
SCSA Student Number:	
Current School:	
VET Coordinator's Name	
VET Coordinator's Name	
Phone:	
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 (eg: references)	
Report attached:	Yes: <input type="checkbox"/>
PARENT / GUARDIAN DETAILS (This contact will be used for all correspondence)	
Full Name:	
Address:	
Daytime phone number:	
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, that I understand the requirements for fees payable to participate in this program if our child is selected.	
Applicant 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.	
<p style="text-align: center;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes, with reservation: <input type="checkbox"/> </p>	
Please provide comments of the school's support or otherwise of this application: <input type="checkbox"/>	
Authorised School Signature:	
Position:	
Date	

PLEASE SUBMIT COMPLETED FORM TO: 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		Signature	Date	
Address						
Suburb/Town						
Postcode		Phone				

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

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
 Physical
 Intellectual
 Learning
 Mental Illness
 Acquired brain impairment
 Vision
 Medical Condition
 Other