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| **EXPRESSION OF INTEREST** | |
| **Name of Program/Course:** | Certificate II in Aircraft Line Maintenance (MEA20518) |
| **Name of Registered Training Organisation (RTO):** | Aviation Australia (RTO 30770) |

**THIS IS NOT AN ENROLMENT FORM**

1. ***Student*** *must complete the section 1 of this form;*
2. ***Parents/guardians*** *must complete section 2 of this form and return it to the* ***School******VET Coordinator****;*
3. ***School******VET Coordinator*** *will complete section 3 and provide the form to the RTO Program Coordinator (contact details and email address located on last page of this form);*
4. ***RTO Program Coordinator*** *will review sections 1, 2 and 3 of the form. The RTO may contact the student/school VET Coordinator to discuss the application – which may include an interview with the student. Finalise the application in section 4.*

**1 - STUDENT** *(to be completed by the student in BLOCK LETTERS)*

|  |  |  |  |
| --- | --- | --- | --- |
| **SACE Board Number** | **Unique Student Identifier** | **School enrolled in**  **Year 11 - 2021** | **School enrolled in**  **Year 12 - 2022** |
|  |  |  |  |

**Surname: Given name/s:**

**Date of Birth: Current year level:**

**Phone: Mobile:**

**Do you identify yourself as Indigenous?**  Yes  No **Gender:**  Male  Female

Email Address:

Home Address: Postcode:

Parent/guardian name: Phone:

Parent/guardian relationship:

Have you applied for this course with any other registered training organisation?  Yes  No

If yes, please list details (name of training organisation):

Have you participated in or completed any other VET in School qualifications already?  Yes  No

If yes, please list (name of course and name of training organisation):

Why are you applying to do this course?

What interest do you have in aviation?

Do you have any maintenance experience? Please list your experience:

Do you believe you will need any learning support in addition to the class lessons? Please list what support you need.

What do you like to do for fun? Include things such as sports, hobbies etc.

The course is being run at the airport precinct. How do you plan on getting to the course each week?

Are you able to attend the course one day per week and one full week block during mid-year?  Yes  No

Successful completion of this course requires an attendance level of 90%. Any absence must be reported to the school and Department of Education. Do you commit to attending every training session?  Yes  No

Student Signature: Date:

**Section 2 must now be completed by your parent/guardian**

**2 - PARENT/GUARDIAN** *(to be completed by the parent/guardian of the student)*

I, (parent name) give permission for my child,

(child name) to select a VET program that:

(a) may be offered in a location other than my child’s school;

(b) may attract material fees from the training provider;

(c) may have a timetable that extends beyond normal school hours; and

(d) will require additional enrolment and resulting information to those of the secondary school.

1. Please provide any medical conditions that the trainer should be aware of:
2. Does your child have a disability or condition that will impact on his/her ability to undertake any theoretical or practical study in this VET program?  Yes  No
   1. If yes, please specify disability
   2. I give permission to disclose the disability to the RTO Program Coordinator and Lecturer/Trainer
   3. I give permission for the school to share my child’s Personalised Learning Plans with the RTO Program Coordinator and Lecturer/Trainer for the purpose of optimising access, participation and completion of the course  Yes  No
3. I give permission for my child to participate in a Structured Work Placement and permit the information on this form to be provided to a host work place for the purpose of managing the structured work placement.

Yes  No

1. I give permission to the host workplace to administer first aid and/or arrange an ambulance for my child if it is necessary for his/her health or welfare  Yes  No
2. I give my permission for my child to attend Structured Work Placement on licenced premises where alcohol may be in the vicinity  Yes  No
3. I give permission for my child’s results to be given to his/her school and to the Department of Education.

Yes  No

1. I give permission for my child to receive assistance in setting up their Unique Student Identifier.  Yes  No
2. I give permission for my child to access on-line training material and other internet or electronic applications as required by the training provider and under the policies and procedures of the training provider.  Yes  No
3. I agree to the use of my child’s image and name in promoting VET in Schools and/or VET related publications.

Yes  No

Parent/Guardian Signature: Date:

**The completed form must now be provided to the School VET Coordinator**

**3 - SCHOOL VET COORDINATOR** *(to be completed by the VET Coordinator at the student’s school)*

The VET Coordinator and other relevant staff at (insert name of school) will support the above student in undertaking this VET program.

Name: Phone:

Email:

Signed: Date:

If the parent/guardian has identified a disability in section 2 above, VET Coordinator and School Special Education contact person must initiate a **Training Access Plan (TAP)** and submit it with this EOI application.

Is a Training Access Plan (TAP) required?  Yes  No

*\*If YES - TAP ‘Agreed Actions’ section to be completed by key stakeholders upon acceptance of student into the program.*

**This completed form must be provided to the RTO Program Coordinator for review and processing**

**The Training Access Plan must also be provided (if applicable)**

**4 - RTO PROGRAM COORDINATOR** *(to be completed by the training provider)*

**Application Review**

Has the student completed required testing?  Yes - Satisfactory  Yes - Unsatisfactory  No

Is a Training Access Plan (TAP) required?  Yes  No

Has the Training Access Plan been submitted?  Yes  No

Does the student require an interview?  Yes\*  No

*\*If YES, contact School VET Coordinator / Student to arrange a time and complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and Time:** | / / 20 \_\_\_\_\_\_\_\_\_\_ am/pm | **Telephone:** |  |
| **Venue:** |  | | |

**Application Outcome**

Has the student been accepted into the course?  Yes – course/location:

No – reason:

Enrolment Application (online) received  Yes

Training Access Plan ‘Agreed Actions’ finalised  Yes  Weekly Contact  Fortnightly Contact

Enrolment Confirmation provided*1,2* Yes

*Emailed to Student with CC provided to School VET Coordinator and Parent/Guardian*

*1 Course information includes course code, unit name and code, nominal hours etc.*

*2 Delivery information includes commencement and completion date, class times and location.*

Name: Megan Gilbert Phone: 07 3860 0900 Email: [trainingadmin@aviationaustralia.aero](mailto:trainingadmin@aviationaustralia.aero)

Signature: Date:

**This completed form will be provided to the School VET Coordinator**