

Victorian Certificate of Applied Learning (VCAL)

2012 APPLICATION FORM

Name: _____

Current Year/Level: _____

Address: _____

Postcode: _____

Home Phone: _____

Student Mobile: _____

Email: _____

Date of Birth: _____

Age: _____

Male

Female (Tick one)

Parent/Guardian: _____

Parent mobile: _____

Industry I am interested in: _____

VET Course I will complete: _____

LOCATION of VET course: _____

Current part time employment **YES / NO**

LOCATION of work: _____

Have you had any 'work experience' in the industry you have chosen, or another industry? Please give details.

1. Name of company _____

Contact person _____

Comments _____

2. Name of company _____

Contact person _____

Comments _____

Why do you want to complete or continue VCAL?

Tell us about yourself and your general interests/hobbies

Have you successfully completed "safe@work"? YES NO (tick one)

Which industry module have you completed? _____

APTITUDE ASSESSMENT

You are required to complete an aptitude assessment conducted by Careers Manager before the end of term 3.

Completed industry aptitude assessment YES / NO

RESULT and COMMENT

The above information is true and correct to the best of my knowledge.

I acknowledge that I will actively seek work placement with the help of the school using OELLEN resources.

Signed _____ Date _____

Parent Signature _____

School Coordinator Signature _____

For further information, contact:

Jenny Allen, Jane Zaal, David Stanley, John Breen at Rowville Secondary College 9755 4555