

South East Secondary Schools Association Vocational Pathway Programs

Student Expression of Interest Form 2019

Before completing this form, please make sure you have read the information for the program you are interest in (this information is available in the SESSA Industry Pathways Program booklet or may available in your School Course Information Book or links to you school's Website).

Student Name:				
School:				
Address:		Contact Number:		
Current Year Level:	Home Group:	Date of Birth:		
Unique Student Identified (USI) (*If you do not have a USI number, you		instructions on the website: http://www.usi.gov.au/)		
Regional Vocational Pathwa	y Program Selection:			
	ame of Program	Host School / RTO		
Course Name (e.g. Cert 1 Inform	ation Technology, Digital Media & Te	echnology)		
Application:				
your current experience in this are	a. (eg what work experience you hav	is program. This may include your career interest and re completed?, what other courses have you subjects have you completed that supports your		
My Career goal is:				
I came to this decision				
My experience in this area, including	previously completed courses, (e.g. The Lo	ook, Before Doorways, School subjects, Work experience).		

Vocational Pathways Student Agreement

Please read the vocational pathway student agreement below, which outlines your responsibilities in regards to the program if you are successful in gaining entry. By signing this completed expression of interest form you are agreeing to the responsibilities outlined in this agreement.

I understand that:

Participating in a Vocational Pathway program may involve attending training programs and workplace
 learning that may impact on my ability to attend regular schedules lessons in subjects at my home school

I agree that I will:

- Attend and participate positively in every scheduled vocational pathways lesson for the duration of the program
- Talk to my home school teachers about the class work that I may miss and take responsibility to keep up
 with my school work by doing it in allocated study lessons and/or homework
- Adhere with my home school and training providers code of conduct at all times
- Contact my home school and the vocational pathway program training provider to let them know of any absences (eg illness, family emergency, school commitments)

I understand that if I fail to honour this agreement my enrolment in the program may be jeopardised, which may have consequences for the completion of my SACE.

Student Signature:		Date:	
Parent/Caregiver Name:			
Parent/Caregiver Signature	:	Date:	
PLEASE NOTE: This form is an Expression expressed interest in programmer.	•		will contact students who have prolment procedures.
Please return this com	pleted form to your		
Home Group Teacher	to pass on to		
Community Manager	to pass on to		
VET Coordinator			
Home School Endorsemer	nt:		
Home School Vocational Pa	athway Coordinator Name:	Kelly Albanese	
Home School Vocational Pa Career Support Officer Sign	•		
Approved: (please circle)	Yes	No Date:	