



HEDLAND SENIOR HIGH SCHOOL

78 Hamilton Road South Hedland 6722 · Telephone: (08) 9172 8000
 Email: Hedland.shs@education.wa.edu.au · Website: www.hedlandshs.wa.edu.au

Student School Based Training Application

RETURN FORM TO: Christian Apedaile in the VET Office or Christian.Apedaile@education.wa.edu.au

Student Full Name:		Gender: Male / Female	
Date of birth: / /		Year Level:	
Student Email:		Student Mobile No:	
What would your career path or job choice/s be upon completion of high school?			
Parent/Guardian Full Name/s:			
Address:			
Home Phone:		Work Phone/s:	
Mobile # 1:		Mobile # 2:	
Email Address/es:			
1 st Job Preference:		Business Name:	
2 nd Job Preference:		Business Name:	
3 rd Job preference:		Business Name:	
Please explain why you have chosen your work preferences:			
Business Name:			
Contact:		Phone (inc. mobile):	
Email:		Fax:	
Business Location:			
Parent / Guardian MUST complete and sign this section:			
Does your child have an ascertained Disability or Medical Condition? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please specify: _____			
Consent & Confirmation: I _____ the Parent/Guardian of _____ confirm the information detailed on this form to be true and correct.			
Consent & Confirmation: I _____ the Parent/Guardian of _____ confirm for my son / daughter to enter into a School base Training Contract.			
SIGNATURE: _____		Date: _____	
VET Coordinator SIGNATURE: _____		Date: _____	