

COURSE PREFERENCES

Course Name – First Preference

Course Name – Second Preference

STUDENT DETAILS

Family Name

Given Name/s

Current School

Year Level

LUI (Learner Unique Identifier)

USI (Unique Student Identifier)

Date of Birth (dd/mm/yyyy)

Gender

Male Female Other

Aboriginal or Torres Strait Islander

No Aboriginal Torres Strait Islander Both

Non-English-Speaking Background

Yes No

VETiS Funding Previously Used, course name:

Yes No

Student Mobile

Personal Email

Student School Email

Residential Address

Postcode

Additional Needs

Medical Conditions DDA Disability Personalised Learning Plan Learning Difficulties Other

Additional Details (e.g. Case Manager name, adjustments required)

PARENT / GUARDIAN 1 – PRIMARY CONTACT

Full Name	Email Address	
<input type="text"/>	<input type="text"/>	
Occupation	Workplace	
<input type="text"/>	<input type="text"/>	
Residential Address	Postcode	
<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	
<input type="text"/>	<input type="text"/>	

PARENT / GUARDIAN 2 – SECONDARY CONTACT (if applicable)

Full Name	Email Address	
<input type="text"/>	<input type="text"/>	
Occupation	Workplace	
<input type="text"/>	<input type="text"/>	
Residential Address	Postcode	
<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	
<input type="text"/>	<input type="text"/>	

EMERGENCY CONTACT – OTHER THAN PARENT / GUARDIAN

Full Name	Relationship to Student
<input type="text"/>	<input type="text"/>
Home Phone	Work Phone
<input type="text"/>	<input type="text"/>

DECLARATION

Student and Parent/Care Giver Declaration: I/We understand that this is an application to study a nominated course at the Moreton Bay North Training Alliance. I declare that the information supplied is true, correct and complete in every aspect. I understand that following this application, the student might be required to attend an interview to ascertain eligibility and commitment to the course of study. I understand this application does not guarantee acceptance of placement at MBNTA. I agree to the terms and conditions of enrolment at MBNTA, including payment of all associated fees.

Student Signature	Date	Parent/Carer Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>