

# Term 1 Expression of Interest Youth Engagement Strategy (YES)

Course:		Campus:	
---------	--	---------	--

**Student information:** This form cannot be processed without a Unique Student Identifier (USI) Number.

To create a USI go to <https://www.usi.gov.au/>

Unique Student Identifier No:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Family Name:		Date of Birth:		
First Name:				
Preferred Name:		Address:		
Suburb:		State:		Postcode:
Phone: (Home)		Student mobile:		
Student email address:				

## To be completed by the School

Year of study at school:	<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12
Name of School:	Muirfield High School
School Contact name:	Anna Pasternatsky
School Contact number:	9872 2244
School email address:	muirfield-h.school@det.nsw.edu.au
Has the student completed a YES course previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a History of Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, a risk assessment will need to be completed</i>
Does the student have any learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, mark applicable box/boxes and attach any Learning plans to the application.	1. <input type="checkbox"/> Vision 2. <input type="checkbox"/> Hearing/Deaf 3. <input type="checkbox"/> Physical and Chronic 4. <input type="checkbox"/> Intellectual 5. <input type="checkbox"/> Neurological (includes ASD, ABI, Learning ) 6. <input type="checkbox"/> Psychiatric 7. <input type="checkbox"/> Other .....
Does the student suffer from a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, mark applicable box/boxes <b>Please provide a Health Care Plan</b>	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies Other.....
Student ability to cope with TAFE adult learning environment	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's ability to work with others	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's common sense	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's communication skills	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Student's school attendance	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High

## Student Acknowledgement:

As a student undertaking a TAFE course, I agree to abide by the following guidelines:

- I am entering an adult learning environment and accept full responsibility for my behavior
- I understand that I must not stop others from learning or the teacher from teaching
- I will give a high priority to all Work, Health & Safety issues in the workshop and classroom
- I understand the commitment to attendance involved in undertaking a TAFE NSW course
- I will attend all scheduled lessons and always be on time
- I understand that **I must stay inside the Campus grounds** between my arrival and the end of my TAFE NSW class 3.00pm
- I understand that **I cannot leave class** before the end of the lesson and I understand the teacher cannot give me permission to do so
- I understand **NO mobile phone in class time**

Student Signature:

## To be completed by the student:

**Write a sentence below telling TAFE about yourself and any career interests:**

**Name two things/skills/qualities you are good at:**

1.....

2.....

**Please tick Yes or No:**

This course is a career I would like to pursue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The course would help me gain experience in the area of my interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The YES program would be a stepping stone to work or an Apprenticeship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
It would give me experience to learn in a TAFE environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Parent / Guardian Acknowledgement

This signature below gives permission for participation in this program and confirms the parent /guardian agrees to the TAFE NSW enrolment.

Name:	
Mobile Contact:	
Signature:	
I give TAFE NSW permission to use this student's name and /or photo for general promotion and marketing of education and training by TAFE NSW.	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Additional parent/guardian signature:</b> .....

## Online Communication Services - Acceptable Usage (Internet Access and Email)

TAFE NSW provides students with an Internet and email account to improve their learning opportunities in a safe environment. Students must abide by the TAFE NSW policies when using the Internet and email services policies, published at: <https://www.det.nsw.edu.au/policiesinter/category.do?level=TAFE> Parents or Guardians of students under 18 years of age will need to inform the student's campus in writing if they **DO NOT want their child to have access** to the TAFE NSW Internet and email facility.