

## **VOCATIONAL EDUCATION AND TRAINING (VET)**

## **Student Training Agreement Form**

Student Details:	
Name:	
USI Number:	
Address:	
Phone no:	Mobile:
Email:	
Registered Training Organisation (RTO) details:	
Trading Name:	Sunshine Beach State High School
National	30439
Provider No.	
Address	45 Ben Lexcen Drive Sunshine Beach 4567
Contact Name:	Mrs Catherine Seaniger
Position:	RTO Manager
Email:	csean2@eq.edu.au
Training Details:	
Qualification	
Name:	
Eg: Certificate I	
Qualification	
Code:	
Eg: SIT20207	
Commencement	Planned Completion
Date:	Date:
Competencies being undertaken:	
Code:	Name:

Version: 4 Adapted by Catherine Seaniger January 2024 Authorisation: Sunshine Beach State High School File Path: <u>Student Training Agreement Form.docx</u>



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### **School Responsibilities**

"The School must have certain teachers and equipment to run this course. If the School loses access to these resources, it will provide students with alternative opportunities to complete the course and the related qualification. The School retains the right to cancel the course if it is unable to meet requirements."

If a student enrols late into a Vocational Education and Training course, that student may not complete all competencies to enable them to attain the full Qualification. If this is the case, the student will receive a Statement of Attainment outlining the competencies they have completed.

### **Student Responsibilities**

I acknowledge that I have been provided with a VET Student Handbook. I acknowledge that I have read this Handbook and understand that I can access further information on these topics should I wish to do so from my Vet Teacher/s or the RTO Manager. I also understand that this information is available on the School's Intranet

# **CONSENT** (Student's Name), a senior student at this School, hereby consent to the school providing relevant information (including data and personal information) about me to the Queensland Curriculum and Assessment Authority (QCAA), National Centre for Vocational Education Research (NCVER) and any other government organisation in order to facilitate the recording of my results and the issuing of relevant certification. I also understand that I can access all fee information from the front office. I understand that student work is required in order to satisfy the QCAA that all assessment is correct and to industry standard. This acknowledgement form will be valid for the full delivery period of any certificated vocational course spanning Years 10, 11 and/or 12. I hereby agree to the school recording my USI on One school and/or applying for a Unique Student Identifier (USI) on my behalf, and will provide a copy of my birth certificate (or similar) as verification of identity if required. I also give consent for my student to access relevant websites and online learning as identified by the class teacher. Student Signature: School Contact: **Contact Signature:** Contact Information: Parent Name Parent Signature:

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