

PROGRAM	
Name of Program:	Certificate II in Civil Construction (RII20715)
Campus:	Motivation Civil & Mining Academy (52 Harrow Street, West Swan)
Delivery Days:	Year 11 Thursday (Terms 1-4) Year 12 Friday (Terms 1-3) Non-traditional Monday & Tuesday (Term 1 – 4)
STUDENT DETAILS	
Surname:	
Given Names:	
Address:	
	Post Code
Mobile phone:	
Email address:	
Date of birth:	
Shirt size (uniform):	
Sex (please circle):	Male Female
MEDICAL CONDITIONS	
Do you consider yourself to have a disability, impairment or long-term condition	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please indicate which area:	Hearing: <input type="checkbox"/> Physical: <input type="checkbox"/> Intellectual: <input type="checkbox"/> Learning: <input type="checkbox"/> Mental: <input type="checkbox"/> Brain impairment: <input type="checkbox"/> Vision: <input type="checkbox"/> Other: <input type="checkbox"/>
If other, please provide let us know what:	
Do you have any allergies?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please let us know what.	
HERITAGE	
Do you speak English at home?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If not, what languages to do speak?	
What country were you born in?	Australia: <input type="checkbox"/> Other: <input type="checkbox"/>
If other, please let us know where you were born.	
Are you of Aboriginal or Torres Straight Islander origin?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

SCHOOL DETAILS	
Current School: (if applicable)	
Year commencing program:	
USI Number:	
SCHOOL – EDUCATION DETAILS (if applicable)	
Year commencing the VETIS Program:	Year 11: <input type="checkbox"/> Year 12: <input type="checkbox"/>
Current School:	
Phone:	
VET Coordinator's Name:	
VET Coordinator's Email:	
SCHOOL RESULTS (if applicable)	
<p>Please attach a copy of your latest school report. You may include any other information you think necessary to support your application (eg: references)</p> <p>Report attached: Yes: <input type="checkbox"/> Reference(s) attached: Yes: <input type="checkbox"/></p>	
PARENT / GUARDIAN DETAILS (This contact will be used for all correspondence)	
Full Name:	
Address:	
Daytime phone number:	
Mobile:	
Email address:	

APPLICANT AGREEMENT	
I certify that the above information is true and correct, that I understand the requirements of this program and I am prepared to commit to participate in this program if selected.	
Applicant signature:	
Date:	
PARENT / GUARDIAN AGREEMENT	
I certify that the above information is true and correct, that I understand the requirements for fees payable to participate in this program if our child is selected.	
Parent / guardian signature:	
Date:	
REFERENCE	
(To be completed by Principal, Deputy Principal, VET Coordinator or referring organisation)	
<p>We support this application and endorse the student as being "work ready" and meeting the academic requirements of the program.</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>Yes, with reservation: <input type="checkbox"/></p> <p>COMMENTS:</p>	
Authorised Signature:	
Position:	
Date	

PLEASE SUBMIT COMPLETED FORM TO: info@motivationfoundation.com.au