“Skilled Training Pathways”

NEW STUDENT APPLICATION 2024

Round 2 Applications Due – 15 September 2023

Postal Address: Sunshine Coast Technical Trade Training Centre
C/- Caloundra SHS
88 Queen Street
Caloundra Qld 4551

Street Address: 40 Bower Street
Caloundra Qld 4551 (situated directly behind Caloundra SHS)

Email: tttcadmin@caloundrashs.eq.edu.au
Telephone: (07) 5499 5222
New Student Application 2024

Complete all attached documentation to ensure your application proceeds. This includes all documentation listed below:

**Checklist for New Student Application**

Completed New Student Application Form 2024 (endorsed by student base school plus photocopies of the following)

- Report Card – midyear 2023 (to be provided at interview)
- Student Profile (current year to date only)
- State school students – provide printed ‘Student Profile’ OneSchool report - see VET Coordinator from your base school
- SET Plan (if available at time of submission)
- Resume (one page document)
- References (from previous work experience undertaken or any other position of responsibility eg. sporting coach, part-time employment, volunteer organisation)

Check and tick – Have you provided all required information listed above?
Student Application 2024

(Student to complete this application)

Student Details

Family Name: __________________________ Given Name/s: __________________________

Current School Attending: ________________________________________________________

LUI (Learning Unique Identifier) Number: __________________________________________

USI (Unique Student Identifier) Number: ___________________________________________

Date of Birth (day/month/year): __________________________ Male • Female

Indigenous or Torres Strait Islander Background: Yes / No

Non-English Speaking Background: Yes / No

Student Mobile: ________________________________________________________________

Residential Address: _______________________________________________________________________________________________________

Suburb/Town __________________________________________ Postcode __________________

School Email: __________________________________________________________________________

Parent / Guardian Details

Parent 1 ________________________________________ (Primary Contact Person)

Home Tel: _______________ Work Tel: ____________ Mobile _______________________

Residential Address: ______________________________________________________________

______________________________________________________________

Suburb/Town __________________________ Postcode __________________________

Email: __________________________________________________________________________
Parent 2 ________________________________________________ (Secondary Contact Person)

Home Tel: _______________ Work Tel: _______________ Mobile ______________________

Residential Address: ____________________________________________________________

______________________________________________________________________________

Suburb/Town __________________________ Postcode __________________

Email: __________________________________________________________

Applicant Questionnaire (Student to complete)

Career Goal:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

The course I am applying to study at the Sunshine Coast Technical Trade Training Centre is:

______________________________________________________________________________

School History

Current School: ___________________________ Year Level in 2024: ______________

Latest Results (Term 1 or Term 2, 2023):

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Proposed subjects for Year 11 and 12:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
**VETiS Funding**

- Have you accessed your VET in Schools (VETiS) funding? □ Yes □ No
- If YES, name of course? __________________________________________

(If you are unsure, please see your VET Coordinator or RTO Manager)

**Employment History (if applicable) or any previous Work Experience**

Employer: __________________________ Date: ________________

Work Duties:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

**Personal Qualities**

Employers have identified a number of attributes they require in employees. Some of these qualities include:

- Commitment & Loyalty
- Willingness to learn and Initiative
- Communication
- Work Ethic and Positive Attitude to Work

Write about your best personal qualities and how you demonstrate these skills:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

What interests do you have out of school?

Sport □ Community Work □ Hobbies □ Social Activities □
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

__________________________________________
**Industry**

Why do you want to work in your chosen industry?

- When did you make the decision to work in this industry?
- What do you know about the industry?

What are your long-term objectives as a person working in this industry?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**A place in the course**

Why do you think you are the best person for a place in this course?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**Additional Information:** *(please provide added page with required detailed information)*

- Medical Conditions
- DDA disability
- Personalised Learning
- Learning Difficulties
- Other e.g. Case Manager ______________________________ (name)

**Declaration**

I declare that the information supplied by me is true, correct and complete in every respect.

I understand that following this application I may be required for a formal interview to ascertain my commitment to the course of study and that this process does not guarantee acceptance into my chosen course.

**Applicant Signature:** ________________________________ Date: ___/___/____

**Parent/Guardian:**

I agree to my son/daughter’s application to the Sunshine Coast Technical Trade Training Centre.

**Parent/Guardian Signature:** ________________________________ Date: ___/___/____
**School Referee Statement** (to be completed by Teacher, VET Coordinator, Case Manager, HOD, Guidance Officer, Deputy / Principal)

On behalf of ____________________________________________ (school) I hereby recommend that:

_________________________________________ (student’s name) be accepted into the Sunshine Coast Technical Trade Training Centre in the _____________________ _______________ course.

- □ I can confirm that this student is up to date with school financial commitments.

**School Comments** required (providing justification for student enrolment at SCTTTC):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Name: __________________________ Position: __________________________
Signature: __________________________ Date / / 

**School Authorisation** (in support of this application)

Name: __________________________ Position: __________________________
Signature: __________________________ Date / / 

(to be endorsed by VET Coordinator, HOD, Deputy / Principal)