“Skilled Training Pathways”

NEW STUDENT APPLICATION 2019

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) 5438 1037
New Student Application 2019

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

- Applicant Information (Student must complete this form themselves)
- Supporting Documentation as per Checklist for Enrolment (below)

Checklist for New Student Application

Please ensure all documentation listed below is included in your Application:

- Completed New Student Application Form 2018 (plus photocopies of the following)
- SET Plan – if available at time of submission
- Resume
- Report Card – most recent ie: Mid-Year 2018
- References from Work Experience or any other position of responsibility
  (Eg. Sporting Coach, Part-time Employment, Volunteer Organisation)

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

Email: tttcadmin@caloundras.eq.edu.au
Telephone: (07) 5438 1037
Student Application 2019

Personal Details

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

Daytime Telephone: __________________________ Mobile ___________________________

Mailing Address / Number and Street _____________________________________________

_____________________________________________________________________________

Suburb/Town __________________________ Postcode _________________________

Email: ______________________________________________________________________

Parent / Guardian Details

Parent 1: _________________________________ (Primary Contact Person)

Home Tel: ______________ Work Tel: ___________ Mobile __________________________

Mailing Address / Number and Street _____________________________________________

_____________________________________________________________________________

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 2018: __________

Latest Results (Semester 1 or 2-2018):
Subject ____________________________ Result ____________________________
Subject ____________________________ Result ____________________________
Subject ____________________________ Result ____________________________
Subject ____________________________ Result ____________________________
Subject ____________________________ Result ____________________________
Subject ____________________________ Result ____________________________

Proposed subjects for Year 11 and 12:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Part time Work History/ Work Experience

Employer: ____________________________________________ Date: _______________________

Work Duties:
______________________________________________________________

______________________________________________________________

Employer: ____________________________________________ Date: _______________________

Work Duties:
______________________________________________________________

______________________________________________________________

Personal Qualities

Employers have identified a number of attributes they require in valued 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:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
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?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Personal

What interests do you have out of school?

• Sport □ Community Work □
• Hobbies □ Social Activities □
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

A place in the course

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

By submitting this application I agree to obey the code of conduct of the Sunshine Coast Technical Trade Training Centre as applied to me. I further agree to comply with any procedures of the Centre governing my conduct as a student and requirements affecting my studies.

I declare that 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: ___/___/___

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**School Referee Statement** *(to be completed by school teacher, HOD, Guidance Officer, Deputy Principal, 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 ______________________________________________.

Comments:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Position: __________________________ Signature: __________________________ Date___/___/___

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**School Authorisation**

Position: ___ Principal

___ Deputy Principal Signature________________________ Date___/___/___