



# Sunshine Coast

## Technical Trade Training Centre

“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](mailto: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):**

Subject _____	Result _____
Subject _____	Result _____
Subject _____	Result _____
Subject _____	Result _____
Subject _____	Result _____
Subject _____	Result _____

**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:**

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## **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:

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What interests do you have out of school?

**Sport**

**Community Work**

**Hobbies**

**Social Activities**

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## **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?

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## **A place in the course**

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

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## **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):

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Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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