

**WESTERN STUDENT CONNECTIONS  
2016 WORKSHOP ENROLMENT FORM  
FAX TO: 02 6885 6199**

**Section 1 Course Information:**

1. Course Name: **Work Readiness Workshop – Preparing Students for Workplace Learning**

2. Date and Venue: 

<input type="checkbox"/>	10 <sup>th</sup> June 2016	Orange Ex Services Club
<input type="checkbox"/>	12 <sup>th</sup> May 2016	Mudgee Parklands Resort
<input type="checkbox"/>	Week 4	Broken Hill - TBA
<input type="checkbox"/>	25 <sup>th</sup> May 2016	Bathurst Panorama Hotel
<input type="checkbox"/>	27 <sup>th</sup> May 2016	Dubbo WSC Board Room
<input type="checkbox"/>	16 <sup>th</sup> June 2016	Bourke Bridge Inn

  
Please tick one

3. Participant Name: \_\_\_\_\_

4. Current Workplace: \_\_\_\_\_  
5. NSW Institute of Teachers No \_\_\_\_\_

6. Category:  VET/TVET Teacher     VET/TVET Coordinator     Work Placement Support

If a VET/TVET teacher, which course(s)?  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 Personal Details:**

7. Preferred Name: \_\_\_\_\_

8. Residential Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

9. Contact Details: Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

10. Gender:  Male     Female

**Section 3 Other Information:**

11. Are you of Aboriginal or Torres Strait Islander origin?  No  
 Yes, Aboriginal     Yes, Torres Strait Islander

12. Do you consider yourself to have a disability, impairment, or long-term condition?  No     Yes

*If yes, mark any applicable box:*

Vision     Hearing / Deaf     Physical     Intellectual     Medical Condition     Mental Illness  
 Acquired Brain Impairment     Learning     Other

13. Do you require assistance because of this disability, impairment or long-term condition?  No     Yes

*If Yes, please contact Western Student Connections*

**Section 4 Declaration:**

- I have read the Western Student Connections Workshop and Course Policy Document.
- I understand that workshop and course numbers are limited, that this Application **does not** guarantee me a place in the course and that I will receive confirmation and an invitation to participate on receipt of the Application. A **tax invoice will be sent to the school/campus/organisation.**
- I will notify Western Student Connections of any circumstance which may pose a risk.
- Workshop cost is \$253.00 (incl. GST) per participant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Dietary requirements:** \_\_\_\_\_