

## Application for Cross Campus Study / Shared Learning VET in 2024

The steps in the application process for Cross Campus study and Shared Learning VET are:  
1. Student to complete the form below and submit it to the



appropriate teacher in their school:

GGHS – Mr Brooks GC – Mrs Knight PCC - Mrs Piercy

- Form is processed by the home school and submitted to the school at which the cross-campus study is requested.
- Request is processed and returned to home school student.

Date of Application: \_\_\_\_\_ Home School: \_\_\_\_\_ Home/Care

Group: \_\_\_\_\_

Name of Student: \_\_\_\_\_ SACE ID: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_

Student school email address: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Daytime Contact No. for Parent/Caregiver: \_\_\_\_\_

### Subject Request:

Subject Name / Shared Learning VET Course	Host School	Year Level	Timetable Line

### Cross Campus Study / Shared Learning VET expectations:

Students involved in Cross Campus Study / Shared Learning VET must meet in all respects, the expectations of the school at which their Study/ VET Course occurs. This includes payment of invoices for materials and training and attending lessons on a day when their home school has a student free day etc. A student may only apply to study one Cross Campus Subject.

Reason for request: \_\_\_\_\_

Home School Timetabler: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**We understand and accept the expectations of Cross Campus Study / Shared Learning including any associated costs for training and materials and that reporting and assessment will occur in line with the host school's processes.**

I **do / do not** (circle as appropriate) give permission for photographs/video of my child to be used in any school or Campus publications, websites or related sector publications.

I **do / do not** (circle as appropriate) give permission for contact information relating to my child to be shared with relevant staff at the One+ schools.

I **do / do not** (circle as appropriate) give permission for medical information relating to my child to be shared with relevant staff at the One+ schools.

Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Parent / Caregiver Name (printed): \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Parent / Caregiver signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

### Status of Application:

(to be completed by the school at which the request is being made)

Approved ☐

Not Approved ☐

Final Date for Notification: \_\_\_\_\_

Host School Timetabler: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Note:** Requests will only be approved if:

- There is room in the class at the Host School where the request is made.
- The home school approved the request and is satisfied that the request is genuine, and that the student is capable of meeting the demands of Cross Campus study / Shared Learning.