

# Application for Cross Campus Study / Shared Learning VET in 2022



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 Zviedrans GC – Mrs Morgante PCC - Mrs Piercy
2. Form is processed by the home school and submitted to the school at which the cross-campus study is requested.
3. Request is processed and returned to home school student.

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

Name of Student: \_\_\_\_\_ 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:

1. There is room in the class at the Host School where the request is made.
2. 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.