



Application Form (Form 3)

To be completed by carer

Our Philosophy

“We believe all young people have the right to achieve their full potential irrelevant of circumstance. That the development of the whole person is of utmost importance and we are guided in developing this through the YMCA’s own philosophy of valuing a person’s Mind, Body and Spirit. We believe that this holistic approach is best delivered through a flexible individualised learning environment, to maximise positive outcomes for every individual.”

Student Details

Student Given Name/s

Student Surname

Student E-mail Address

Student Mobile Number

Student Date of Birth

Student Current Age

Student Home Street Address

Student Home Suburb, Postcode

Student Country of Birth

Student Gender

Student Main Language (other than English) Spoken at Home

Student Citizenship Status

Australian Citizen
Australian Permanent Resident
Other (specify visa subclass)

Does the student identify as?

Aboriginal
Torres Strait Islander
Aboriginal and Torres Strait Islander
Not Applicable

Student Legal Information

Is the Student in the "Care of the State"?

Yes (please attach proof)
No

Is the Student Legally Independent?

Yes (please attach proof)
No

Are there any legal issues concerning the student (e.g. Court Orders, DVO, Child Protection)?

Yes (please attach copies)
No

Are there any limitations on contact between the student and a parent or another person? If yes, please attach a copy of the current Court Order or registered parenting plan that contains the limitation/s.

Yes (please attach copies)
No

Does the student have any relatives who are currently attending the YMCA Vocational School? If yes, please complete details below.

Relative Name

Relation to Student (Applicant)

Relative Name

Relation to Student (Applicant)

Carer Details (Carer # 1 will be contacted before carers # 2, 3 and 4, in this order)

Carer # 1 Given Name/s

Carer # 2 Given Name/s

Carer # 1 Surname

Carer # 2 Surname

Carer # 1 Salutation (e.g. Ms, Mr, Mrs)

Carer # 2 Salutation (e.g. Ms, Mr, Mrs)

Carer # 1 Gender

Carer # 2 Gender

Carer # 1 Relationship to Student (e.g.
Mother/Father)

Carer # 2 Relationship to Student (e.g.
Mother/Father)

Carer # 1 Mobile Contact Number

Carer # 2 Mobile Contact Number

Carer # 1 Work Contact Number

Carer # 2 Work Contact Number

Carer # 1 Home Contact Number

Carer # 2 Home Contact Number

Carer # 1 Home Street Address

Carer # 2 Home Street Address

Carer # 1 Home Suburb, Postcode

Carer # 2 Home Suburb, Postcode

Carer # 1 Highest Level of Education
Achieved

Carer # 2 Highest Level of Education
Achieved

Carer # 1 Current Occupation

Carer # 2 Current Occupation

Carer # 1 Occupational Group (see page #
5 to determine)

Carer # 2 Occupational Group (see page #
5 to determine)

Carer # 1 Current Employer/Organisation
Name and Suburb (if applicable)

Carer # 2 Current Employer/Organisation
Name and Suburb (if applicable)

Carer # 1 E-mail Address

Carer # 2 E-mail Address

Carer # 1 Country of Birth

Carer # 2 Country of Birth

Carer # 1 Cultural Background

Carer # 2 Cultural Background

Carer # 1 Main Language (other than
English) Spoken at Home

Carer # 2 Main Language (other than
English) Spoken at Home

Carer # 1 Interpreter Required?

Carer # 2 Interpreter Required?

Emergency Contact Information (Carer #3 and #4)

Carer # 3 Name (Given and Surname)

Carer # 4 Name (Given and Surname)

Carer # 3 Contact Number

Carer # 3 Contact Number

Carer # 3 Relationship to Student (e.g.
Aunt/Uncle/Family Friend)

Carer # 4 Relationship to Student (e.g.
Aunt/Uncle/Family Friend)

Medical and Wellbeing Information

The YMCA will develop a Personalised Education Plan (PEP) for the student, which will be reviewed regularly. The plan will be developed by Teachers and Wellbeing Counsellors/ Provisional Psychologists at the Campus. The student will be consulted in relation to the development of the PEP.

The PEP may include the requirement to attend Wellbeing Services.

Please list any medical, physical, social and/or emotional needs or conditions we need to consider when tailoring classes to the student's needs. Needs can be physical, emotional, sensory, social and/or learning needs.

Does the student experience any cognitive or developmental disorders? Concerns may include speech and language impairment, intellectual impairment, ASD.

Yes (please describe below)

No

Does the student experience any mental health concerns? These may include depression, anxiety, PTSD, etc.

Yes (please describe below)

No

Has the student been formally diagnosed with any condition?

Yes (please provide documentation)

No

If the student has been formally diagnosed with a condition by a Paediatrician, Psychiatrist, Clinical Psychologist or Doctor, please provide the following details:

Specialist Name

Practice Name (eg. Gap Medical Centre)

Specialist Contact Phone Number

Do you authorise The YMCA to contact the above professional in regard to the student's condition/s, in order to tailor educational adjustments to the student's needs?

Yes

No

The YMCA is in a position to offer cognitive and psychological assessments. Results of these assessments may assist in developing and tailoring resources and educational programs for the student. Do you give consent for these tests to be undertaken?

Yes

No

If the student is taking any medication, please list details below.

I (carer name)

confirm that all details in this form are true and correct to the best of my knowledge. I will contact the YMCA and update any details should changes occur.

I have provided all required documentation as outlined on Form 1.

If the student is successful in gaining a place at the YMCA Vocational School, I will be required to provide further information prior to the student's start date.

Carer # 1 Name

Carer # 2 Name

Carer # 1 Signature

Carer # 2 Signature

Date

Date