

APPLICATION FORM - FULL-TIME COURSES

Please note: • You need to enrol in the college prior to being considered for a scholarship
• Please use capital letters (uppercase) to complete this form

Your personal information

Surname: Given names:
Preferred name: Date of birth: .../.../.....
Home address:
City/town: State:..... Postcode:
Home phone: () Mobile:
Email:
Gender: (Please tick) Male Female

Your parent guardian

Surname:..... Given names:
Address:.....
City/town: State:..... Postcode:
Home phone: () Business: ()
Relationship to applicant:.....

Parent 2

Surname:..... Given names:
Address:.....
City/town: State:..... Postcode:
Home phone: () Business: ()
Relationship to applicant:.....

Who is responsible for your fees?

Surname:..... Given names:.....
Company name: (trainees only).....
Address:
City/Town: State:..... Postcode:
Home phone: () Business: ()
Relationship to applicant:
Signature:

Your education

Your highest secondary education (Please tick one only): Year 9 Year 10 Year 11 Year 12
Last year at school:
Year 10 results: English..... Maths..... Agriculture.....
Year 12 results: Australian Tertiary Admission Rank (ATAR)

Please list your post secondary education (Please tick if course was completed)

1
2

How did you become aware of Tocal College?

What is your main reason for applying for a Tocal course?
.....

Please list your farm experience

Types of work	Approximate number of days
1
2
3

Total course in which you are interested (Please tick)

- Certificate III in Agriculture Certificate III in Horse Breeding Certificate IV in Agriculture

Were you born in Australia? (Please tick) Yes No

If no, in which country were you born

Are you of Aboriginal or Torres Strait origin? (Please tick) Yes No

If Yes, are you Aboriginal or Torres Strait Islander

Do you speak a language other than English at home? (Please tick) Yes No

If Yes, please indicate which other language or languages

How well do you speak English? (Please tick one only) Very well Well Not well Not at all

Do you require special assistance with English? (Please tick) Yes No

Do you have a disability, impairment or long-term condition? (Please tick) Yes No

If Yes, please tick below (You may tick more than one)

- Visual/Sight/Seeing Hearing/Deaf Physical
 Intellectual Chronic Illness Learning Disability
 Acquired Brain Impairment Mental Illness

Other (Please Specify)

Declaration

I certify that the information I have supplied is true and accurate. I agree that it may be used for statistical purposes and for matters relating to the administration of college courses and enrolments. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) or an authorised agency to meet legislative reporting requirements. Information provided will be held securely and disposed of securely when no longer needed. Personal details can be amended by contacting Tocal College.

If my application is successful, I agree to abide by the Rules, Regulations and Conditions prescribed by the College. I understand that it is my responsibility to organise an interview with the College and to provide school reports and other documents including a copy of my birth certificate or passport.

Your Signature: Date:/...../.....

Please complete this form and return to: The Deputy Principal, Tocal College, Tocal Road, Paterson NSW 2421