

College Application Form

Full Time and Part Time Courses

Your Personal Information

Surname: Given Name(s):
 Preferred Name(s): Date of Birth:
 Home Address:
 City/Town: State: Postcode:
 Phone Home: () Business: ()
 Gender: (Please Tick) Male Female

Your Parent Guardian Employer (Please Tick)

Surname: Given Name(s):
 Company Name: (Trainee Only)
 Address:
 City/Town: State: Postcode:
 Phone Home: () Business: ()
 Relationship to Applicant:

Parent 2

Surname: Given Name(s):
 Company Name: (Trainee Only)
 Address:
 City/Town: State: Postcode:
 Phone Home: () Business: ()
 Relationship to Applicant:

Who is Responsible for Your Fees?

Surname: Given Name(s):
 Company Name: (Trainee Only)
 Address:
 City/Town: State: Postcode:
 Phone Home: () Business: ()
 Relationship to Applicant:

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: Universities Admission Index (UAI)

Please List Your Post Secondary Education (Please Tick if Course was Completed)

1

2

How Did You Hear About Tocal?

What is Your Main Reason for Applying for a Tocal Course?

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Your Farm Experience

Types of Work Approx No. of Days

1

2

3

Course in Which You Are Interested (Please Tick)

Certificate III in Agriculture Certificate III in Horse Husbandry Diploma of Agriculture

Certificate IV in Agriculture Dairy Traineeship Rural Traineeship

Where You Born in Australia? (Please Tick) Yes No If No, State Country of Birth

Are You of Aboriginal and/or Torres Strait Origin? (Please Tick) No Aboriginal Torres Strait Islander

Do You Speak a Language Other Than English at Home? (Please Tick) No Yes If Yes, Please Specify

Do You Require Special Assistance with English? (Please Tick) No Yes

Do You Have a Disability, Impairment or Long-Term Condition? (Please Tick) No Yes

If Yes, Please Tick:

Physical Intellectual Visual/Sight/Seeing

Learning Mental Illness Acquired Brain Impairment

Hearing/Deaf Chronic Illness Other (Please Specify)

Declaration

I certify that the information I have supplied is true and correct. 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 copies of school reports and other documents.

Your Signature: Date:

Please Complete This Form and Return to: The Principal, Tocal College, PATERSON, NSW, 2421