



Partnerships for Learning
EXPRESSION OF INTEREST FORM
SEMESTER COURSE ONLY

Before completing this form, please make sure you have read the counselling information forms for the course/s you are expressing interest in by visiting the NEVO website. www.nevo.sa.edu.au

Student Name:

Home School:

Current Year Level Home Care Group Date of Birth

Regional VET Course/s I would like to enrol in for next year is/are:
(List your preferred VET course as "P1", followed by your reserve course. The reserve course will only be considered if your first preference is full or doesn't run)

CERTIFICATE COURSE NAME	SACE Credits	HOST SCHOOL / ORGANISATION
P1.		
R1.		

Please see the detailed Counselling Information Forms for a summary of the costs for each course.

Contact Information:

Parent/Caregiver Name:

Address:

Home Phone: Student Mobile Phone:

Student Email Address:

Endorsement:

Parent/Caregiver Signature:

Student Signature:

Course Counselling Representative Signature:

VET Coordinator Signature:

PLEASE NOTE: *Please note this form is an Expression of Interest only.*

PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL'S VET COORDINATOR ASAP or by FRIDAY WEEK 8, TERM 3 and organise an appointment with the VET Coordinator for an interview and completing an Enrolment Form.