



Business Industry & Tourism Skills Centre

2025 Enrolment Form

STUDENT'S NAME:

CURRENT SCHOOL:

USI NUMBER:

Please indicate below with a tick (✓) which Program you are enrolling in at the EBITS Centre:

- Certificate III in Business (Up to 8 QCE points) Wednesday
- Certificate II in Tourism & Active Volunteering (Up to 4 QCE points) Thursday

Forward completed forms to:

Senior Schooling
c/- Tannum Sands SHS
PO Box 3058
TANNUM SANDS QLD 4680

OR RETURN TO LC102 (Senior Schooling Office) AT TANNUM SANDS SHS

STUDENT'S DETAILS

FAMILY NAME		DATE OF BIRTH	GENDER	YEAR LEVEL 2025
GIVEN NAME		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
PREFERRED NAME		MIS COMPUTER ID: (Your USER LOGON at school) eg. tfitz133		
<i>NAME OF ENROLLED SCHOOL</i>		<input type="checkbox"/> TANNUM SANDS STATE HIGH SCHOOL <input type="checkbox"/> GLADSTONE STATE HIGH SCHOOL <input type="checkbox"/> TOOLOOA STATE HIGH SCHOOL <input type="checkbox"/> CALLIOPE STATE HIGH SCHOOL <input type="checkbox"/> MT LARCOM STATE SCHOOL		
<i>DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO	

<p>Unique Student Identifier (USI)</p> <p>All students undertaking nationally recognised training need to have a Unique Student Identifier (USI) so that the RTO can issue you with a nationally recognised VET qualification or statement of attainment when you complete your course.</p> <p>If you don't have one go to http://www.usi.gov.au/ to create.</p> <p>Applications will not be considered without a USI number.</p>	<p>-----</p> <p>Please write <u>clearly</u> in block letters. Clearly differentiate 0/O and S/5's</p>
Are you an Australian Citizen or Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT'S CONTACT DETAILS			
STREET ADDRESS			
TOWN			
POSTCODE		STUDENT MOBILE PHONE NUMBER	
STUDENT'S MAILING ADDRESS DETAILS (IF DIFFERENT TO HOME ADDRESS)			
MAILING ADDRESS			
TOWN		POST CODE	

PARENT/CAREGIVER #1 DETAILS			
FAMILY NAME		MR <input type="checkbox"/>	MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>
GIVEN NAMES			
RELATIONSHIP TO STUDENT	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	GUARDIAN/CAREGIVER <input type="checkbox"/>
OCCUPATION			
WORK TELEPHONE NUMBER		MOBILE NUMBER	

HOME TELEPHONE NUMBER		EMAIL	
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PARENT/CAREGIVER #2 DETAILS			
FAMILY NAME		MR <input type="checkbox"/>	MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>
GIVEN NAMES			
RELATIONSHIP TO STUDENT	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	GUARDIAN/CAREGIVER <input type="checkbox"/>
OCCUPATION			
WORK TELEPHONE NUMBER		MOBILE NUMBER	
HOME TELEPHONE NUMBER		EMAIL	

STUDENT EMERGENCY CONTACTS			
PRIORITY	NAME	RELATIONSHIP TO STUDENT	TELEPHONE NUMBERS (PLEASE TICK PREFERRED NUMBER)
1	1 ST CONTACT NAME:		<input type="checkbox"/> HOME: <input type="checkbox"/> WORK: <input type="checkbox"/> MOBILE:
2	2 ND CONTACT NAME:		<input type="checkbox"/> HOME: <input type="checkbox"/> WORK: <input type="checkbox"/> MOBILE:

FAMILY MEMBER EMPLOYED AT BOYNE SMELTERS LTD

PLEASE INDICATE IF ANY OF THE ENROLLING STUDENT'S FAMILY MEMBERS WORK AT BOYNE SMELTERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	BSL WORKERS RELATIONSHIP TO ENROLLING STUDENT:
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ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE

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Please complete Agreement on next page

STUDENT & PARENT/CAREGIVER AGREEMENT

CONSENT

As part of enrolment at the Business, Industry and Tourism Skills Centre (BITS Centre), I/we understand, agree to and give consent for:

- Any images and comments to be used for media and research purposes (e.g., television, videos, newspapers, newsletters, promotional activities, internet websites for the BITS Centre/my base School)
- Participation in Boyne Smelters Ltd random drug and alcohol testing
- Attendance at the BITS Centre from 8.30am to 2:50pm

STUDENT RESPONSIBILITY

In accordance with the concept of the Business, Industry and Tourism Skills Centre (BITS Centre) to provide student development in their chosen course in a realistic work environment and to develop students in all areas of workplace skills, I understand and agree to the following:

BEHAVIOUR, CONDUCT, UNIFORM & RESPONSIBILITIES

- It is important that I attend the Centre with the correct workplace mindset, reflected by punctuality, appropriate attitude and behaviour, uniform and work ethic.
- I will be in correct BITS uniform, arrive on time and display respect to all employees of BSL and personnel of the BITS Centre.
- BYO Computer device fully charged each week to BITS to enable me to complete my competencies as all courses require computer access.

ABSENCES

(BITS Centre absences are communicated to the base school and if a reason is supplied by a parent, this can be relayed to the school)

- If I am going to be absent, I must notify the Centre prior to the absence or as early as possible on the day – contact to be made by phoning/texting the BITS Mobile or emailing ebits@tannumsandsshs.eq.edu.au and not relayed through another student. I must also notify my base school of the absence.
- I must not miss BITS Centre days for any other subject activity unless prior arrangements have been negotiated with the BITS Centre Coordinator (this excludes block exams at my base school).
- As a student who is absent, I am realistically missing one week of work, so it is important that I continue with both the subject and enterprise component of the Centre by completing competencies at home.

Note:

- An attendance level of less than 80% will result in a revision of enrolment at the BITS Centre.

CONTRACT – Student & Parent/Caregiver

We understand that in undertaking this course (student name) still has responsibilities to maintain levels of achievement in his/her subjects studied, to keep up with their school work, complete all assessments by the due dates and maintain an acceptable attendance record. The success of this program will be reviewed and the school may at any time withdraw its support which could jeopardise the course/variation and/or enrolment at the school.

We acknowledge receipt of the BITS Student Handbook and have read and understood the content in this booklet. We understand and will abide by the student responsibilities and BITS/BSL regulations, policies and procedures.

Student signature: Parent/Caregiver Signature:

Date: / / Date: / /

Yes/No: I am aware applications are considered by preference and I may have to participate in an interview
 Yes/No: I am aware that my Effort and Behaviour Results and a Satisfactory in English are a minimum requirement.
 Yes/No: I am aware if there is a lot of applications, preference is given to Senior Students and then a lucky draw
 Yes/No: I have attached my current report card, resume and teacher references and answered all questions
 Yes/No: I have included my USI number of this form
 Yes/No: I am aware there is a student levy to participate in the program

Complete this form in full, attach your report card, resume and two teacher references. Submit no later than **Thursday 31st August 2024.**

Email: ebits@tannumsandsshs.eq.edu.au
 In person: Sarah Morton (BITS Coordinator) Staffroom 4 Tannum Sands SHS or to the Tannum Sands State High School Administration Office

Please call: 0436 819 404 if you have any questions

Please answer each question in 1-3 sentences to assist us in processing your application.

How did you hear about this program and what is your motivation for applying?	
What are your career interests? Do you know what you might like to do after school?	
Have you completed or applied to do work experience in the field relevant to the above interests?	
What subjects will you be studying at school next year?	
Do you have reliable transport to get to and from the program onsite at Boyne Smelters Ltd?	
Is there anything else you would like to add in regard to your application?	

Privacy Notice

Tannum Sands State High School is collecting the information on this form in accordance with the *Information Privacy Act 2009 (Qld)* in order to consider applications for authentic workplace learning. The information may be accessed by the principal and teachers at the students enrolled school, and Tannum Sands State High School. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Under the *Data Provision Requirements 2012*, Tannum Sands State High School is also required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Tannum Sands S.H.S. for statistical, regulatory and research purposes. Tannum Sands S.H.S. may disclose your personal information for these purposes to third parties, including School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Commonwealth and State or Territory government departments and authorised agencies; NCVER; Organisations conducting student surveys; and Researchers. NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988 (Cth)*, the *VET Data Policy* and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

By signing this application form I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Application Teacher Reference #1 of 2

Student Name: _____

Student Year Level: _____

Teacher's Name: _____

Subject/s taught: _____

Dear Teacher,

Due to limited places and an anticipated high demand for applications into our program, we are asking students to apply for a position in the 2024 intake.

Part of the application process for entry into our program requires the student to submit a completed application form and supporting references from their current teachers. Your comments and the information regarding this student will assist centre staff to determine their suitability for the program.

Regards,
BITS Centre staff

(Please indicate your rating for the above student in the following areas. Any additional comments would be welcome.)

	A	B	C	D	E
Positive attitude to studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort in completing work to the best of ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with the teacher during in-class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of politeness to teacher and students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks in class time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to class discussions and group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and willingness to work with fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why do you feel this program would be a good option for this student?					
What would you say are the student's greatest strength/s?					
What would you identify as the student's greatest area/s for improvement?					
Additional comments (these may also be submitted to ebits@tannumsandsshhs.eq.edu.au)					
Signature: _____			Date: _____		

Student Application – Teacher / Employer Reference

Student Name: _____

Referee Name: _____

Contact Phone Number: _____

How do you know the student and how long have you known them for?

Dear Referee,

Due to limited places and an anticipated high demand for applications into our program, we are asking students to apply for a position in the 2024 intake.

Part of the application process for entry into our program requires the student to submit a completed application form and supporting references from their current teachers or employers. Your comments and the information regarding this student will assist staff to determine their suitability for the program.

Regards,
BITS Centre staff

(Please indicate your rating for the above student in the following areas. Any additional comments would be welcome.)

	A	B	C	D	E
Positive attitude to work/studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort in completing work to the best of their ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with the teacher/supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of politeness to teacher and students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation / Uniform standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to group discussions and work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability / Dependability - Consistency of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality to work / class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What would you say is this student's greatest strength?					
What would you identify as the student's greatest area for improvement?					
Additional comments (these may also be submitted to ebits@tannumsandsshs.eq.edu.au)					

Signature: _____ Date: _____					

****Please read all information through to the end of this document, ensuring that all questions are answered and the document is signed where indicated on the last page.**

Surname:

Given Names:

DOB:

Do you suffer from or ever had any of the following medical problems:

1.	Current or past asthma (including childhood and exercise-induced asthma) as this may potentially be aggravated in some areas or tasks on site.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details including medications and any inhalers needed</i>		
2.	Heart or blood vessel problems including high blood pressure, heart valve problems, heart rhythm problems, angina, previous heart attacks or operations etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
3.	Epilepsy or seizures or have any condition that may make you prone to dizziness, light-headedness or lose consciousness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
4.	Any Musculoskeletal problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
5.	Deafness or severe hearing impairment that may affect your ability to communicate with others or inability to hear alarm bells or warning messages from others?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Diabetes, especially if taking insulin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
7.	Any eye problems or suffer from blurry or double vision that may cause you not to see properly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
8.	Any kidney problems (especially if you are going to work in hot areas)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES, please provide details</i>		
9.	Are you on any prescription or non-prescription medication that may cause drowsiness, dizziness or loss of concentration? <ul style="list-style-type: none"> • Codeine (Panadeine, Mersyndol), Morphine or Methadone • Antidepressants, antihistamines, sleeping pills and calming pills • Cough and cold preparations 	YES <input type="checkbox"/>	NO <input type="checkbox"/>

	<i>If YES, please provide details</i>
10.	Do you have any serious allergies or are you required to carry an EpiPen? <i>If YES, please provide details</i>

NB There are specific requirements regarding the use of prescription medications or medical devices on site at BSL which are included in the BSL JHA document and will be discussed with individuals where required.

Are you freely able to?

Climb Ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Squat Frequently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bend and Lift	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Push, Pull and Reach	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work overhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work at heights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work with vibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work in confined spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you fully able and prepared to wear all required safety equipment? Includes:

Hard Hat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Safety Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Boots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Plugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Harness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

****ADVICE ON METAL IN THE BODY AND ELECTROMAGNETIC FIELDS**

The Electromagnetic fields in the Reduction Lines can potentially cause serious harm to people if they have metal in their bodies that can shift in a magnetic field. Metal devices of concern include (Not exhaustive):

- Cardiac Pacemakers, Defibrillators, Heart Valve replacements, Vascular clips
- Cochlear (inner ear) implants, Middle ear implants, Nerve stimulators

Please inform the Medical Centre for further advice if applicable.

****FEMALES SHOULD TAKE NOTE OF THE FOLLOWING:**

If you are or think that you may be pregnant during your stay at BSL, please let your BSL host/Representative or staff at the medical centre know so that they may advise you on your individual risk of entering and working in certain operational areas.

****ALCOHOL AND OTHER DRUGS POLICY**

Rio Tinto - Aluminium (RTA) is committed to providing a safe working environment by eliminating conditions and work practices that could lead to illness, personal injury or damage to property and/or equipment. An individual's ability to work safely and productively may be impaired by factors that include:

- Alcohol;
- Illicit drugs;
- Prescription and non-prescription drugs.

Everybody at RTA is expected to behave in a responsible manner by presenting and remaining in a fit and healthy state for work i.e. in a physical, mental and emotional condition which enables them to perform assigned tasks competently and in a manner which does not compromise the safety or health of themselves or others, or otherwise expose the business to avoidable risk.

We support the safety of our employees by: Requiring persons covered by this policy to submit to an alcohol and drug test if:

- A health, safety or environmental incident has occurred where there is reasonable belief that drugs and/or alcohol may have been involved as a contributing factor
- There is an 'observed behaviour' or other information (as defined in the policy);
- As part of a random or blanket testing procedure; or
- If there is other information or circumstances which indicates an individual may be under the influence of alcohol or drugs.

The RTA Alcohol and other Drugs Policy applies to all Australia based RTA employees, contractors, and visitors while they are:

- On any RTA controlled site in Australia;
- At any location, when conducting business on behalf of RTA.

I have read and understand the above information and have answered the questions to the best of my knowledge. I understand that participation in the testing for Alcohol and Other Drugs may be required as part of being granted access to an RTA site.

Student Signature: **Date:**

Parent/Guardian Signature: **Date:**

Business Industry and Tourism Skills Centre (BITS)

Uniform Shirt Order

2024 BITS Uniform shirts are sponsored by **Boyne Smelters Ltd** therefore, no payment is required.

Complete this form and return to Everything Uniform
(in person or email to manager@everythinguniform.com.au).

Everything Uniform will contact you when your order is ready for collection.

Date: _____

Name:		
Phone Number:		
Email:		
Name on shirt:		
Size of shirt:	PS53 – Mens size _____	PS54 – Ladies size _____



Men's



Ladies

Style: PS54 - LADIES									
Size	8	10	12	14	16	18	20	22	24
Half Chest	43.5cm	46cm	48.5cm	51cm	53.5cm	56cm	58.5cm	61cm	63.5cm
Body Length	60cm	62cm	64cm	66cm	68cm	70cm	72cm	74cm	76cm
Style: PS53-MEN'S									
Size	Xsmall	Small	Medium	Large	XLarge	2XLarge	3XLarge	4XLarge	5XLarge
Half Chest	51cm	53.5cm	56cm	58.5cm	61cm	63.5cm	66cm	68.5cm	71cm
Body Length	68cm	70cm	72cm	74cm	76cm	78cm	80cm	82cm	84cm

Embroidery Left Chest

Embroidery Right Chest

C/Name under BSL Logo