

### STUDENT DETAILS

<b>Student ID and DOB:</b>	
<b>Student full name:</b>	
<b>Course:</b>	

### RESOURCE

<b>Automotive</b>	<input type="checkbox"/> Textbook <input type="checkbox"/> Safety boots <input type="checkbox"/> Overalls <input type="checkbox"/> Toolbox	<b>Hospitality</b>	<input type="checkbox"/> Textbook <input type="checkbox"/> Safety boots <input type="checkbox"/> Chef's knife kit <input type="checkbox"/> Chef's uniform
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*USE: If a student has some equipment that they wish to have assessed as being equivalent to the Imagine Education equipment requirements. To be approved by the Campus Manager. The Campus Manager who's decision will be final. Due to Workplace Health and Safety some equipment may not be accepted.*

<b>Student signature:</b>	
<b>Date:</b>	

### OFFICE USE ONLY

Received by and date:	
Trainer/Campus General Manager Approved/not approved by and date:	
Notes:	
Agent and Student advised by and date:	
Actioned in eBECAS by SPO and date:	