



ETP STUDENT ENROLLMENT & DATA COLLECTION

This form is for ETP-approved Employers to enroll their Employees for training. Please complete the form legibly and in its entirety. All information requested is essential and will be kept confidential. Please call 818.505.3322 if you have questions or need assistance with this form. Either scan-email completed and signed form, or fax to 818.845.1951, or mail to VS ETP Dept. at the address above.

EMPLOYEE AGREEMENT

I understand that it is my responsibility to attend all of the classes in which I am enrolled at Video Symphony or provide at least 10 calendar days notice of cancellation prior to the start of the class. I agree to sign in to indicate my attendance at each class session.

I consent to the release to Video Symphony by any of my employers of employment verification and compensation data. I give my consent for the information below to be submitted via a secure internet server to the Employment Training Panel. My consent is limited solely to the use of that information for ETP compliance and qualification purposes. I understand that I am responsible for:

- A. Completing at least 24 hours of training.
B. Completing all classes that I enroll in. Cancellations must be emailed to etp@vs.edu 10 (ten) calendar days prior to the class.
C. Continued employment with my current employer noted herein for 90 days after completion of training.

Employee Name _____
Company Name _____ Job Title _____
Work Phone _____ Work Email _____
Home Phone/Cell _____ Home Zip Code _____
Hire Date _____ Soc. Sec. # _____ AGE _____
Yearly Salary (not including benefits) _____ Hourly Wage _____ Hrs /Wk _____

Ethnicity (circle one) [] Asian [] African American [] Filipino [] Hispanic [] Native American [] Pacific Islander [] White [] Other

Education (circle one) [] Eighth Grade or Less [] Some High School [] High School [] GED [] Some College [] College Graduate [] Post-College

Sex (circle one) [] Female [] Male

Married (circle one) [] Yes [] No

Circle the one that is true: [] I HAVE [] I HAVE NOT participated in an ETP Program before.

EMPLOYEE'S SIGNATURE _____ DATE _____

ETP AUTHORIZED SUPERVISOR CERTIFICATION

I submit employee named above for enrollment in the classes noted herein. (Minimum 24 hours, maximum 56.) Upon receipt of invoice email, I will submit the co-pay of \$100 online at vs.edu/fees (choose ETP Registration) or pay Video Symphony by credit card over the phone (818.557.7200).

Employee Qualification Requirements: I have confirmed as accurate Employee's Hire Date and Wage. I understand that:

- 1. Employee must have been employed full time by your Company for at least ninety (90) days, making a min. of \$16/hr prior to Employee's first class under this program.
2. Employee is not enrolled in any class until Video Symphony gives confirmation of enrollment.
3. It is my responsibility as Employee's ETP Supervisor to inform Employee of Video Symphony's cancellation and attendance policy as follows:
- A cancellation must be made at least 10 calendar days prior to the class and must be submitted by email to etp@vs.edu.
- Employer agrees to pay Video Symphony a) \$100 for any late cancellation, b) or \$200 for any No Show. In such situations, an invoice will be issued to the Employer.
- Employee is required to complete all hours of enrollment, a minimum of 24 hours and a maximum of 56. (OPTIONAL FIELD: Authorized number of course hours _____)
- Video Symphony reserves the right to cancel or reschedule classes.

ETP AUTHORIZED SUPERVISOR NAME: _____

SIGNATURE: _____ DATE: _____

VIDEO SYMPHONY ETP CLASS SCHEDULER

INSTRUCTIONS: You may choose any combination of classes from the categories below, provided the total number of hours falls between 8 (minimum) and 56 (maximum). Please enter the start date of the class(es) on the corresponding line. Video Symphony will do its best to enroll you in each class you select, but there is no guarantee until you receive an email, fax, or written letter of confirmation from Video Symphony. Students must already have basic Mac computer skills to qualify for any course listed below. The courses marked with † have additional prerequisites that are viewable on our website along with descriptions and class dates. Call the number above to check class availability.

See available class dates and descriptions - vs.edu/ClassDates.aspx

VIDEO & FILM EDITING , AVID, FINAL CUT PRO

Table with 3 columns: Course ID, Course Name, and Hours. Includes courses like 098 Post Production Essentials, 101MC Intro to Media Composer Editing, etc.

TOTAL HOURS THIS COLUMN _____

AUDIO ENGINEERING & PRO TOOLS

Table with 3 columns: Course ID, Course Name, and Hours. Includes courses like PT101 Intro to Pro Tools, PT110 Pro Tools Essentials, etc.

TOTAL HOURS THIS COLUMN _____

GRAPHICS, FX, ANIMATION

Table with 3 columns: Course ID, Course Name, and Hours. Includes courses like 601 Intro to Adobe Illustrator, 603 Typography Design, etc.

TOTAL HOURS THIS COLUMN _____

Complete & sign form, then SCAN-EMAIL to etp@vs.edu or FAX to 818.845.1951 or mail to VS ETP Dept. (address at the top of this page).

Add up number of hours from 3 columns above. Write total in box. Total must be between 8 (minimum) and 56 (maximum) hours.

TOTAL HOURS []