

Notification Type:	<input type="checkbox"/> New Training Plan <input type="checkbox"/> Amended Training Plan	<input type="checkbox"/> Apprenticeship <input type="checkbox"/> Traineeship
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Section 1: School Based Apprentice/Trainee Personal Details

Given Name		Family Name	
USI		NESA Student Number	
Learner Mob		Learner Email	
Address			
Suburb		Post Code	
Date of Birth	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	State: NSW Year of school study 2024 <input type="checkbox"/> 10 <input type="checkbox"/> 11
Parent/ guardian name			Contact number
Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does learner receive learning adjustments or support at school? If Yes, an interview may be required. <input type="checkbox"/> Yes	Are you an Australian Citizen? <input type="checkbox"/> Yes	
If additional support required, attach following: <input type="checkbox"/> Student Profile Form <input type="checkbox"/> Personal Learning Plan <input type="checkbox"/> NESA Provisions			If NO, please provide residency status

Section 2: Enrolment and Qualification Details

Course Name		Cert II <input type="checkbox"/>	Cert III <input type="checkbox"/>	Qualification Code	
Is the learner registered in EVET for 2024?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Course:		Start Date for TAFE enrolment	Sem 1 - Feb <input type="checkbox"/> Sem 2 - July <input type="checkbox"/>
Campus Preferences	1st			2nd	

Section 3: Employer Details

Legal Entity Name		Trading Name	
Street Address (No PO Box)			Postcode <input type="checkbox"/> State: NSW
Trade License No		ABN	
Contact Person		Position	Mobile
Email			Phone
Name of Workplace Supervisor (if same as contact person, include "as above")			
Host Employer Name & Address (if applicable)			

Section 4: School and School Sector Details

School Name		School Suburb	
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent	State	NSW
School Representative		School Phone Contact #	
School Sector SBAT Representative		School Email	

Section 5: Employer's preferred Apprenticeship Network Provider (ANP)

Name of ANP		Contact Name	
Email		Mobile	

***NB This Notification Form may be returned unless fully completed**

RTO	TAFE NSW	RTO Number	90003	Region	SYDNEY	
					Email Form to:	sbat-sydney@tafensw.edu.au