

## 2024 School Based Apprenticeship or Traineeship Notification Form

Place X in appropriate boxes

 Apprenticeship Traineeship New Training Plan Amended Training Plan

## School Based Apprentice/Trainee Details

Given Name					Surname						
Date of Birth					NESA Number			USI Number			
Address					Suburb			State	NSW	Postcode	
Home Phone			Mobile			Email					
Year at School		Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability – *Confirmation Sheet to be attached	<input type="checkbox"/> Yes* <input type="checkbox"/> No	DAAWS Application pending		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent / Guardian Name		Contact Number			Are you an Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X			

## Training Details

Vocation Title				Cert II	<input type="checkbox"/>	Cert III	<input type="checkbox"/>	Cert IV	<input type="checkbox"/>	NTIS Code		
HSC VET Course Name					Start Date of RTO Training			S1 - Feb	<input type="checkbox"/>	S2 - July	<input type="checkbox"/>	
Training Contract Start Date					Campus Preference/s			1st			2nd	

## Employer Details

Legal Entity Name					Address							
Trading Name					Suburb			State	NSW	Postcode		
ABN					Phone			Mobile				
Contact Person							Email					
Host Employer Name & address (if applicable)												
Direct Supervisor Name and License No (if applicable)												
Employer Signature	I give permission for the above information to be used by TAFE NSW for the purpose of developing a training plan for this school based apprentice / trainee				Signature * Please provide your preferred AANP & work day details below				Date			

## RTO Details

RTO 1	Name	TAFE NSW				Contact Name						
	Region	Western Sydney Region				Phone			Mobile	N/A		
	RTO Number	90003				Email	<a href="mailto:SBAT-westernsydney@tafensw.edu.au">SBAT-westernsydney@tafensw.edu.au</a>					

## School Details

School Name					School Suburb			State	NSW		
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent <input type="checkbox"/> Other										
School Contact Name					Phone			Mobile			
Email											
SBAT Coordinator					Region/ Diocese			State	NSW		
Email					Phone			Mobile			

## \*Employer's preferred Australian Apprenticeship Network Provider (AANP)

Name of AANP					Suburb			State	NSW	Postcode	
Contact Name			Phone			Mobile			Email		

## Release of Information

Student Name					Student Signature				Date		
Parent/Guardian Name					Parent/Guardian Signature				Date		
Parent Contact Details	Mobile:		Work Ph:		Email:						
School Staff Member					Staff Signature				Date		

Please forward this form to the TAFE NSW Western Sydney Region SBAT Coordinator: [SBAT-westernsydney@tafensw.edu.au](mailto:SBAT-westernsydney@tafensw.edu.au)