Application to Establish a School Based Apprenticeship or Traineeship

This application is for a	School based Apprenticeship	☐ School based Traineeship	New Training Plan required	Amended Training Plan required
Apprentice/Trainee deta	ails			
Given name			Surname	
Date of birth	Gender 🗆 M	lale □Female □Not S	pecified	
Aboriginal or Torres Strait Islander	□Yes □No Do	you use a language ot	her than English □Yes	DNo
Mobile	Email			
NESA Student number			SBAT Commencement Year [□ 10 □ 11□ 12
Street Address				
Town/Suburb				Postcode
Parent/Carer details				
Parent/Carer Name			Relationship to studen	
Mobile		Email		
Employer details				
Trading name			ABN	
Contact name			PhonePhone	
Industry Licence number				
				Postcode
Town/Suburb				PosicodePosicode
Training details				
Registered Training Organisation (F	RTO)			
Name of Apprenticeship or Trainees	ship Certificate			
RTO Representative name				
Phone		Email		
		LIIGII		

Student Needs Assessment (to be completed by parent/carer)

The following information will be forwarded to prospective employers to enable the employer to effectively support your child in the workplace. Please be aware that failure to disclose all the known needs of your child on this form may prevent your child from achieving their full potential in their apprenticeship/traineeship. (Please attach further information if necessary.) I advise that my child has the following needs that may be already supported at school and may affect his/her safety, progress, welfare or supervision at the workplace:

Recognised Learning Support Needs
Allergies (Please give details)
If needs have been identified please explain what actions/adjustments you know from your experience would assist to manage your child's particular needs:

Student Declaration

I declare that the information I have supplied in this application is true and correct.

¹ I have read and understand the privacy statement at the end of this document.

I am willing to travel to the required training location and workplace to complete my school-based apprenticeship or traineeship.
I understand to be eligible to undertake a school-based apprenticeship or traineeship, that I must undertake the appropriate VET course as part of my Higher School Certificate.

Parent/Carer Declaration

As the parent/carer of the above student, I understand that:

¹ My child is entering into a formal training contract with the employer indicated on this form for their school base apprenticeship/traineeship.

¹ My child, as an employee of the employer identified on this form, will be covered under the employer's public liability and workers compensation insurance.

¹ Claims for employment-related injury, loss or damage either suffered or caused by my child as an apprentice/trainee whilst in the employ of the above employer must be forwarded to the employer.

¹ My child is required to complete the minimum number of days of work (on the job training) by 31 December of the year of their Higher School Certificate.

¹ My child 's welfare and safety and that of their co-workers is best served by my complete and honest disclosure of any particular needs that they may have that may affect their safety or supervision at the workplace.

¹ The information above may be provided to the prospective employer to enable the employer to decide if they need to take any additional steps to support my child's safety and welfare in the workplace.

¹ It is my responsibility to ensure that my child can safety manage their travelling arrangements to and from their place of employment and training.

لا Matters of concern arising in relation to my child's apprenticeship or traineeship should be directed to the school in the first instance. ا ا have read and understand the privacy statement on this form.

¹ Prospective employers may contact me on the telephone number below to discuss the suitability of my child to the apprenticeship or traineeship and the particular needs that I have identified.

School Declaration (to be completed by the school principal or authorised representative) ¹ To the best of my knowledge the information provided above by the parent/carer reflects information held by the school. ¹ The school agrees to be the first point of contact for all matters relating to the student's apprenticeship/traineeship and agrees to support the student in completing the apprenticeship or traineeship as part of their Higher School Certificate pattern of study. ¹ The school will regularly monitor the student's progress and welfare, ensuring that catch up sessions are held with the apprentice or trainee at a minimum of once each school term.

² The school principal or authorised representative must only sign the training plan for this apprentice or trainee after the school has attached the completed Employer Questionnaire and Checklist. The checklist indicates that the employer has completed all requirements in respect to supporting the safety and welfare of the student in the workplace.

School name					
Phone number	Email				
Name of authorised school representative					
Signature of school representative	DateDate				

Privacy Notice – for all parties

The information provided by parents or carers and by employers is obtained by the NSW Department of Education to meet the Department's duty of care responsibilities, to support the information needs of the prospective employer and to allow the proposed school-based apprenticeship or traineeship to be established. Providing this information is voluntary. However, if you do not provide the information requested the student may not be able to undertake the proposed school-based apprenticeship or traineeship. The information you provide will be stored securely and retained in accordance with NSW public sector record-keeping procedures. The information will only be disclosed for the purposes for which it was collected.