|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | **20**  **Yr** | | | | | | | **Aboriginal or Torres Strait Islander?**  Yes  No | | | | | | | | | | | **Disability - Confirmation Sheet** **Attached**  Yes  No  **DAAWS Application pending**  Yes  No | | | | | | | | | | | | | | | | | | | | | **Dependent of a parent/guardian who is receiving a Govt benefit?**  Yes  No | | | | | | | | | | | | | |
| **Are you a recipient of a government benefit?** | | | | | | Yes - Austudy  Youth Allowance  No | | | | | | | | | | | | | | **Parent /**  **Guardian** | | | |  | | | | | | | | | | | **Gender** | | | | | | **Male**   **Female** | | | | | | | | | | | | | |
| **Training Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vocation Title** | | | | | | |  | | | | | | | | | **Cert II** | | | | | | | **Cert III** | | | | | | | | | | | | | | | | **NTIS Code** | | | |  | | | | | | | | | | | |
| **HSC VET Course Name** | | | | | | |  | | | | | | | | | | | | | | | | **Start Date of RTO Training** | | | | | | | | | | | | | | | | Feb  July | | | | | | | | | | | | | | | |
| Contract Start Date  (if known) | | | | | | |  | | | | | | | | | | | | | | | | **College 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 Lic 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** | | | | | | | | | | | | Heather Serls | | | | | | | | | | | | | | |
|  | | | **Region** | | | | | | | | Western Sydney Region | | | | | | | | | | | | | | | | | **Phone** | | | | | 02 8713 6549 | | | | | | | **Mobile** | | | | | | N/A | | | | | | | | |
|  | | | **RTO Number** | | | | | | | | 90003 | | | | | | | | | | | | | | | | | **Email** | | | | | [SBAT-westernsydney@tafensw.edu.au](mailto:SBAT-westernsydney@tafensw.edu.au) | | | | | | | | | | | | | | | | | | | | | |
| **School Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **School Suburb** | | | | | | |  | | | | | | | | | | | | **State** | | | NSW | | | | |
| **School Sector** | | | | | Government  Catholic  Independent  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Contact Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | |  | | | | | | **Mobile** | | | | | |  | | | | | | | | |
| **Email** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Fax** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **SBAT Coordinator** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Region/ Diocese** | | | | | | | | |  | | | | | | | | | | | | **State** | | NSW | | | |
| **\*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** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Position** | | | | | | |  | |

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