|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| **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