|  |
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| **1.8 School Details** |
| **Name of School** |       | **Region/Diocese** |       |
| **School Suburb** |       | **State** |       |
| **School Sector** | [ ]  Government [ ]  Catholic [ ]  Independent [ ]  Other (specify) |
| **School Contact** |       | **Preferred Phone/Mobile** |       |
| **Email** |       |

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| **1.1 Apprentice/Trainee Personal Details** |  |
| **Training Plan** | [ ]  **New** [ ]  **Amended** | **Date:** |       |
| **Given Name** |       | **Middle** |       |
| **Family Name** |       |
| **Date of Birth** |       | **Gender** | [ ]  Male [ ]  Female [ ]  Unspecified |
| **Street Address** |       |
| **Suburb** |       | **State** |       |
| **Postcode** |      | **Telephone** |       | **Mobile** |       |
| **Email** |       |
| **Aboriginal or Torres Strait Islander origin?** | [ ]  Yes [ ]  No |
| **Support Indicator** | [ ]  Yes [ ]  No |
| **1.2 Training Details** |  |
| **Contract Type** | [ ]  Apprentice [ ]  Trainee  |
| **TC Start Date** |       | **TC End Date** |       |
| **Vocation Title** |       | **VTO ID** |       |
| **Qualification Title** |       |
| **Qualification Level** |       | **National Code** |       |
| **Mode of Delivery** | [ ]  Classroom based [ ]  Electronic [ ]  Employment based[ ]  Other e.g. correspondence |
|  |  |
| **RTO Classroom Training Address *(if applicable)*** |       |
|  |       | **State** |       | **Postcode** |      |
| **Funding Source** | [ ]  Fee for Service [ ]  Government Funded [ ]  School Sector |
| **Disability** | [ ]  Yes [ ]  No | **DAAWS** | [ ]  Yes [ ]  No |
| **1.3 Apprenticeship Connect Australia Provider (ACAP)** |
| **ACAP** |       |
| **Contact Name** |       | **Email:** |       |
| **Contact Nos.** | **Tel:** |       | **Mob:** |       | **Date:** |       |

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| **1.6 Registered Training Organisation 2** |
| **RTO Start Date** |       | **Estimated RTO End Date** |       |
| **RTO Legal Name** |       |
| **Trading Name** |       |
| **Contact Name** |       | **ABN** |       |
| **Telephone** |       | **Mobile** |       |
| **RTO National Code** |       | **Email** |       |
| **1.7 Employer Details** |
| **Legal Name** |       | **ABN** |       |
| **Trading Name** |       | **Contractors Licence No.** |       |
| **Street Address** |       |
| **Suburb** |       | **State** |       | **Postcode** |      |
| **Contact Name** |       | **Mobile** |       |
| **Email** |       |
| **Workplace Training Address** |       |
|  |       | **State** |       | **Postcode** |      |
| **Host Employer** | [ ]  Yes [ ]  No | **Trading Name** |       |
| **Direct Supervisor Name/ Regulated Trades Supervisor** |       | **Licence No.** |       |

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| **1.4 Parent Details** |
| **Parent Name** |       |
| **Mobile** |       | **Email** |       |

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| **1.5 Registered Training Organisation 1** |
| **RTO Start Date** |       | **Estimated RTO End Date** |       |
| **RTO Legal Name** |       |
| **Trading Name** |       |
| **Contact Name** |       | **ABN** |       |
| **Telephone** |       | **Mobile** |       |
| **RTO National Code** |       | **Email** |       |

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| **1.11 On-The-Job Training Days Required** |
| **Total Required** | **Days Completed to Date** | **Total Days Remaining** |
|      |      |      |
| **Days during:** | **Year 10** | **Year 11** | **Year 12** | **Post HSC** | **Total** |
| **School Terms** |      |      |      |      |      |
| **Holidays** |      |      |      |      |      |
| **Total** |      |      |      |      |      |
| **1.12 Proposed Pattern of** **On and Off-The-Job Training** |
|  | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| **Work** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Formal Training** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **School** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Shift work involved** | [ ]  Yes [ ]  No |
| **1.13 Acceptance of Agreement** |
| I, the undersigned, agree that:* the nominated RTO will support and deliver formal training for this apprentice/trainee in the identified apprenticeship/traineeship vocation, in accordance with the [School Based Apprenticeships and Traineeships in NSW Guidelines](https://education.nsw.gov.au/content/dam/main-education/public-schools/career-and-study-pathways/school-based-apprenticeships-and-traineeships/documents/School_Based_Apprenticeship_Guidelines_FINAL.pdf); and
* the training meets the requirements for the appropriate HSC VET course(s)
* a full Training Plan will be developed by the RTO, in consultation with the employer and apprentice/trainee, within **6 weeks** of approval of the Training Contract by the Commissioner for Vocational Training; and
* formal training and assessment will be undertaken in accordance with the obligations and responsibilities as detailed in the [Apprenticeship and Traineeship Act 2001](https://legislation.nsw.gov.au/view/html/inforce/current/act-2001-080), [Vocational Training Guideline](https://www.nsw.gov.au/education-and-training/resources/vtgs) – Training Plan, relevant [Vocational Training Order](https://www.nsw.gov.au/education-and-training/resources/cibs-bulletins) and [Training Package](https://training.gov.au/).
 |
| **RTO 1 Signature** |  | **Print Name** |       |
| **Position** |       | **Date** |       |
| **RTO 2 Signature** |  | **Print Name** |       |
| **Position** |       | **Date** |       |
| **Employer Signature** |  | **Print Name** |       |
| **Position** |       | **Date** |       |
| **Apprentice/Trainee Signature** |  | **Date** |       |

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| **1.9 Proposed Formal Training** |
| [HSC VET course(s)](https://educationstandards.nsw.edu.au/wps/portal/nesa/11-12/stage-6-learning-areas/vet) to be studied for the school-based training component. | NESA VET Course Number:       |
| NESA VET Course Name:       |
| **1.10 Additional Information** |
| Year of School at contract commencement date of traineeship/apprenticeship | [ ]  Yr 10[ ]  Yr 11[ ]  Yr 12  |
| Does the student have a disability, impairment, or long-term condition? Does the student have specific learning needs? If so, the school sector is to provide the individual learning plan to the RTO. | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| NESA Student Number:      |
| Does the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)? [ ]  YES [ ]  NO |
| Does the student intend to undertake the associated HSC VET examination? [ ]  Yes [ ]  NoCalendar year the student will sit the HSC exam for this course:      |

**School-based Apprenticeships and Traineeships website** [www.education.nsw.gov.au/sbat](http://www.education.nsw.gov.au/sbat)