

# NSW Apprenticeship/Traineeship – SBAT Training Plan Proposal

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

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						
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		Trading Name						
Direct Supervisor Name/Regulated Trades Supervisor						Licence No.			
1.8 School Details									
Name of School				Region/Diocese					
School Suburb				State					
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent <input type="checkbox"/> Other (specify)								
School Contact						Preferred Phone/Mobile			
Email									

1.9 Proposed Formal Training	
<a href="#">HSC VET course(s)</a> 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	<input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12
Does the student have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have specific learning needs? If so, the school sector is to provide the individual learning plan to the RTO.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NESA Student Number:	
Does the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the student intend to undertake the associated HSC VET examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Calendar 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)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift work involved	<input type="checkbox"/> Yes <input type="checkbox"/> No						
1.13 Acceptance of Agreement							
<p>I, the undersigned, agree that:</p> <ul style="list-style-type: none"> <li>the nominated RTO will support and deliver formal training for this apprentice/trainee in the identified apprenticeship/traineeship vocation, in accordance with the <a href="#">School Based Apprenticeships and Traineeships in NSW Guidelines</a>; and</li> <li>the training meets the requirements for the appropriate HSC VET course(s)</li> <li>a full Training Plan will be developed by the RTO, in consultation with the employer and apprentice/trainee, within <b>6 weeks</b> of approval of the Training Contract by the Commissioner for Vocational Training; and</li> <li>formal training and assessment will be undertaken in accordance with the obligations and responsibilities as detailed in the <a href="#">Apprenticeship and Traineeship Act 2001</a>, <a href="#">Vocational Training Guideline</a> – Training Plan, relevant <a href="#">Vocational Training Order</a> and <a href="#">Training Package</a>.</li> </ul>							
RTO 1 Signature				Print Name			
Position				Date			
RTO 2 Signature				Print Name			
Position				Date			
Employer Signature				Print Name			
Position				Date			
Apprentice/Trainee Signature				Date			