New [ ]  Amended [ ]  Date:

**NSW School Based Apprenticeship/Traineeship Notification**

|  |
| --- |
| **Apprentice/Trainee Personal Details** |
| TCID |  | At school | [ ]  Yes [ ]  No |
| Given Name |  | Surname |  |
| Date of Birth |       | Gender | [ ]  Male [ ]  Female |
| Address |       |
| Suburb |       | State |       | P/code |       |
| Phone |       | Mobile |       |
| Email |       |
| Aboriginal or Torres Strait Islander origin? | [ ]  Yes [ ]  No |
| **Training Details** |
| Contract Type | [ ]  Apprentice [ ]  New Entrant Trainee [ ]  Existing Worker Trainee |
| Employment Type | [ ]  Full Time [ ]  Part Time | Hours per week  |       |
| TC Start Date |       | TC End Date |       |
| Vocation Title |       |
| Qualification Title |       |
| Qualification Level |       | NTIS Code |       |
| Mode of Delivery | [ ]  Classroom Based [ ]  Electronic Based [ ]  Employment Based[ ]  Other Delivery (e.g. Distance) *specify:*  |
| RTO Training Address (if applicable) |       |
| Suburb |       | State |       | P/code |       |
| RTO Start Date |       | RTO Completion Date |       |
| Funding Source | [ ]  Employer [ ]  Public Funding [ ]  TAFE (fee for service) (ATTP/PPP) |
| DAAWS | [ ]  Application Pending | DAAWS approval date |       |
| **Australian Apprenticeship Centre** |
| AAC |       |
| Contact Name |       | Email |       |
| Contact Numbers | Tel:       | Mob:       | Fax:       | Date:       |
|  |  |  |  |  |
| **Employer Details** |
| Legal Name |       |
| Trading Name |       | ABN |       |
| Address |       |
| Suburb |       | State |       | P/code |       |
| Contact Name |       | Tel |       | Mob |       |
| Email |       | Fax |       |
| Host Employer | [ ]  Yes [ ]  No | Trading Name |       |
| Workplace Training Address |       |
|       | State |       | P/code |       |
| **Registered Training Organisation 1** |
| RTO Legal Name | TAFE NSW Region South (Riverina) | RTO code | 90003 |
| Trading Name | TAFE NSW Region South |
| Contact Name | Robyn Campbell | Tel | 0358839703 | Mob | 0448969293 |
| Email | SBAT-South@tafensw.edu.au | Fax |       |
| **Registered Training Organisation 2** |
| RTO Legal Name |       | RTO code |       |
| Trading Name |       |
| Contact Name |       | Tel |       | Mob |       |
| Email |       | Fax |       |
|  **School Details** |
| Name of School |       |
| Region or Diocese |       |
| School Suburb |       | State |       |
| School Sector | [ ]  Government [ ]  Catholic [ ]  Independent [ ]  Other (*specify)*  |
| School Contact Name |       | Fax |       |
| Phone |       | Mobile |       |
| Email |       |

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|  **Proposed Formal Training** |
| HSC VET course(s) to be studied for the school-based training component |       |
| The HSC VET course must be completed by October of the HSC year. Briefly describe how, when and by whom this training will be delivered. |       |

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|  **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? | [ ]  |
| BOS Number       |
| Can the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)? [ ]  YES [ ]  NO |
| SBA/T HSC Year       |

**PLEASE RETURN THIS FORM TO SBAT-SOUTH@tafensw.edu.au**

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|  **On-The-Job Training Days Required** |
| Total Required | Completed to Date | Total Days Remaining |
|       |       |       |
| Days during: | Year 10 | Year 11 | Year 12 | Post HSC | Total |
| School Terms |       |       |       |       |       |
| Holidays |       |       |       |       |       |
| Total |       |       |       |       |       |
|  **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 |

|  |
| --- |
| **Authorisation** |
| School SBAT Contact |      Print Name  |
|  | OR |  |
| Principal or Nominee | Signature |      Print Name & Date |

|  |
| --- |
| **RTO Use only - SBAT Offer Code** |
|      Enter offer code  |