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. |  |

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

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

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