

Application to Establish a School-based Apprenticeship or Traineeship in NSW

This application is for a School Based Apprenticeship School Based Traineeship

Apprentice/Trainee details

Given name Surname

Date of Birth Gender Male Female Not Specified

Aboriginal or Torres Strait Islander Y N Do you use a language other than English Y N

Mobile Email

NESA Student Number SBAT Commencement Year 10 11 12

Street Address

Town/Suburb Postcode

Parent/Carer details

Parent/Carer name Relationship to student

Mobile Email

Employer details

Trading name ABN

Contact Name Phone

Regulated Trades Direct Supervisor Name Industry Licence number

Street Address

Town/Suburb Postcode

Training details

Registered Training Organisation (RTO)

Name of Apprenticeship or Traineeship Certificate

RTO representative name

Phone Email

Student Needs Assessment (to be completed by parent/carers)

The following information will be forwarded to prospective employers to enable the employer to effectively support your child in the workplace. Please be aware that failure to disclose all the known needs of your child on this form may prevent your child from achieving their full potential in their apprenticeship/traineeship. (Please attach further information if necessary.)

I advise that my child has the following needs that may be already supported at school and may affect his/her safety, progress, welfare or supervision at the workplace:

Recognised Learning Support Needs

Allergies (please give details)

If needs have been identified please explain what actions/adjustments you know from your experience would assist to manage your child's particular needs:

Student Declaration

- I declare that the information I have supplied in this application is true and correct.
- I have read and understand the privacy statement at the end of this document.
- I am willing to travel to the required training location and workplace to complete my school-based apprenticeship or traineeship.
- I understand to be eligible to undertake a school-based apprenticeship or traineeship, that I must undertake the appropriate VET course as part of my Higher School Certificate.

Signed

Date

Parent/Carer Declaration

As the parent/carers of the above student, I understand that:

- My child is entering into a formal training contract with the employer indicated on this form for their school base apprenticeship/traineeship.
- My child, as an employee of the employer identified on this form, will be covered under the employer's public liability and workers compensation insurance.
- Claims for employment-related injury, loss or damage either suffered or caused by my child as an apprentice/trainee whilst in the employ of the above employer must be forwarded to the employer.
- My child is required to complete the minimum number of days of work (on the job training) by 31 December of the year of their Higher School Certificate.
- My child's welfare and safety and that of their co-workers is best served by my complete and honest disclosure of any particular needs that they may have that may affect their safety or supervision at the workplace.
- The information above may be provided to the prospective employer to enable the employer to decide if they need to take any additional steps to support my child's safety and welfare in the workplace.
- It is my responsibility to ensure that my child can safely manage their travelling arrangements to and from their place of employment and training.
- Matters of concern arising in relation to my child's apprenticeship or traineeship should be directed to the school in the first instance.
- I have read and understand the privacy statement on this form.
- Prospective employers may contact me on the telephone number below to discuss the suitability of my child to the apprenticeship or traineeship and the particular needs that I have identified.

Parent/Carer name

Relationship to student

Signature

Date

School Declaration (to be completed by the school principal or authorised representative)

- To the best of my knowledge the information provided above by the parent/carers reflects information held by the school.
- The school agrees to be the first point of contact for all matters relating to the student's apprenticeship/traineeship and agrees to support the student in completing the apprenticeship or traineeship as part of their Higher School Certificate pattern of study.
- The school will regularly monitor the student's progress and welfare, ensuring that catch up sessions are held with the apprentice or trainee at a minimum of once each school term.
- The school principal or authorised representative must only sign the training plan for this apprentice or trainee after the school has attached the completed Employer Questionnaire and Checklist. The checklist indicates that the employer has completed all requirements in respect to supporting the safety and welfare of the student in the workplace.

School name

Phone Number

Email

Name of authorised school representative

Signature of school representative

Date

Privacy Notice – for all parties

The information provided by parents or carers and by employers is obtained by the NSW Department of Education to meet the Department's duty of care responsibilities, to support the information needs of the prospective employer and to allow the proposed school-based apprenticeship or traineeship to be established.

Providing this information is voluntary. However, if you do not provide the information requested the student may not be able to undertake the proposed school-based apprenticeship or traineeship. The information you provide will be stored securely and retained in accordance with NSW public sector record-keeping procedures. The information will only be disclosed for the purposes for which it was collected.