

Expression of Interest (EOI) Application to Establish a School Based Apprenticeship or Traineeship

This application is for a School Based Apprenticeship School Based Traineeship

Apprentice/Trainee Details (to be completed by student)

Student
name:

First Middle Surname

Date of birth Male Female

Aboriginal or Torres Strait Islander Y N Non English Speaking Background Y N

NESA number School Year 10 11

Student street address

Town/Suburb Postcode

Student mobile no Student email

Parent/carer name Contact number

Parent email

Employer

Employer contact Contact number

Employer address

Employer email

Apprenticeship/Traineeship

Regulated Trades

Direct Supervisor Licence number

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 that I must undertake the appropriate VET Qualification as part of my HSC studies to be eligible to undertake a school based apprenticeship or traineeship.

Signed: _____ Date _____

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

The following information will be forwarded to prospective employers to enable the employer to decide if any further action is required by them to support your child at the workplace. Please be aware that failure to disclose all the known needs of your child on this form may prevent your child from undertaking the proposed 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 Disability Intellectual Hearing Physical Vision Mental Health

Allergy (please give details) _____

Other (please give details) _____

If needs have been identified above please explain what actions/adjustments you know from your experience would assist employers to manage your child's particular needs at the workplace.

Parent/Carer Declaration

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

- my child is entering into a formal training contract with the employer nominated on this form for their school based 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 should 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/safety and that of their co-workers at the workplace is best served by my complete and honest disclosure of any particular needs that he or she may have that may affect his/her 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 advised 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

Signature _____ Date _____

Name of parent/carer _____ Relationship to student _____

Contact phone number _____ Alternate phone number _____

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

- to the best of my knowledge the information provided above by the parent/carer reflects relevant information held by the school
- the school agrees to be the first point of contact for any matters arising relating to the student's apprenticeship/traineeship and agrees to support the student in completing the apprenticeship or traineeship as part of their HSC studies
- the school will regularly monitor the student's progress and welfare ensuring that "Catch Up" sessions are held with the apprentice or trainee once each school term
- State Training Services (for SB Apprenticeships) and SBAT Officers (for SB Traineeships) will confirm with the school that the duty of care check has been completed with the employer

School _____ School Contact _____

Phone number _____ Email _____

Signature of School Principal or nominee _____ Date _____

Name _____

Privacy Notice – for all parties

The information provided by parents or carers and by employers is obtained by the 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. This 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.

Office Use Only:

Australian Apprenticeship Centre: _____