# Application for School-Based Traineeship or Apprenticeship

Please fill in and hand this application to The Careers Office for approval by Mr Garrett

the Careers and Pathways Coordinator

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| Section 1 – To be completed by the Employer | | | | | | |
| Business/Trading Name |  | | | | | |
| ABN for Trading Name: |
| Workplace Site Address: |  | | | | | |
| Contact Name: |  | | Email address | | |  |
| Position in the Business: |  | | Mobile No or  Business Ph No… | | |  |
| Preferred ‘Work Day’ for student: (This may or may not be approved due to timetabling; the student will need to discuss this with Mr Garrett) |  | | Employer availability to sign up with Trainee or Apprentice | | | **Please select Preferred Day & or Time**  Day:  Mornings or Afternoons (please circle) |
| By signing this declaration I attest that:   * The abovenamed student will be paid whilst employed under this school-based apprenticeship or traineeship. * I intend to continue to employ and train the abovenamed student in paid employment on completion of formal schooling if this school-based apprenticeship or traineeship is not completed. * For students undertaking an Electrotechnology apprenticeship, the student has met the minimum requirements as outlined in the Queensland Information Training Service (QTIS) database for this apprenticeship; and * the student will be undertaking a minimum of 375 hours (50 days) paid employment (600 hours (80 days) of paid employment for the Electrotechnology industry) per 12-month period. | | | | | | |
| **Signature : Date :** | | | | | | |
|  | | | | | | |
| **Section 2 – To be completed by the Student** | | | | | | |
| Student Surname |  | **USI Number & Photo ID**  \*Do not write this on here, Please provide to ‘Busy at work’ or other govt rep at your sign up appointment | | | | |
| Student First Name |  | | Year Level | | |  |
| Address of Student |  | | | | | |
| Student Mobile No. |  | | Date of Birth | | |  |
| Student Personal Email Address **(Not NCC email)** |  | ATAR eligible? | | | | YES / NO (n/a – Yr 10) |
| **Name of Parent/s or Guardian/s** | **Emergency Contact**  **Yes or No (Please circle)** | | **Mobile number:** | | | **Email address:** |
| **Name of Parent/s or Guardian/s** | **Emergency Contact**  **Yes or No (Please circle)** | | **Mobile number:** | | | **Email address:** |
| Preferred Subject to Drop: (Please note that this will need to be approved and discussed with Mr Garrett) | Name the subject you want to drop………….. | A ‘STUDY’ lesson will be replaced with the subject dropped | | | | |
| **Section 3 – To be completed by the Student Or Employer (if known)**  **DETAILS of students Desired Qualification to Achieve** | | | | | | |
| **Name of Qualification eg Certificate in Hospitality III (if known)** |  | | | | | |
| **National Qualification Code (if known)** |  | | | | | |
| **Proposed Commencement Date?** |  | | Proposed sign up date? | |  | |
| Existing worker of the Employer? | Yes / No  (Please circle) | | If yes, date commenced | |  | |
| Do you have a preferred ‘Course Provider’? eg. TAFE QLD |  | | | | | |
| |  |  |  | | --- | --- | --- | | Section 4 – To be completed by the Parent or Guardian in consultation with the Student | | | | **Parent/Guardian and students, please allow approx 1 ½ hours in total for the sign up to be completed.**  Parent AND Student, please select availability **to attend** the Sign up meeting at the place to be confirmed. | **Mon, Tues, Wed,**  **Thurs or Fri**  **Please circle preferred day/s** | **Mornings:**  **Afternoons:**    **Please circle preferred session or add a time of availability** | | When signing this form, you are agreeing that all information may be shared with “Busy at Work” or other Australian Apprenticeship Support Network Provider – AASN, &/or the Employer | **Parent/Guardian** Please sign & Date here | **Sign:****Date:** | | When signing this form, you are agreeing that all information may be shared with “Busy at Work” or other Australian Apprenticeship Support Network Provider – AASN, &/or the Employer | **Parent/Guardian** Please sign & Date here | **Sign:****Date:** | |  |  |  | | | | | | | |
| **SCHOOL ACKNOWLEDGEMENT office use only** | | | | | | |
| * The school supports the sign up of the above-named student.   Undertaking this traineeship/apprenticeship will impact the timetable of the above-named student as follows:   * + Subject to Drop:  |  | | --- | |  |  * + Day/s approved to work with the Employer:  |  | | --- | |  |   **OR,**   * The school does not support the sign up of the above-mentioned student | | | | | | |
| Name of school Contact & Email: | **Mr Christopher Garrett (Careers & Pathways Coordinator)**  **Christopher.g@ncc.qld.edu.au** | | | | | |
| Principal, Delegate or Chris Garrett’s Signature: | **Sign here:** | | | **Acknowledgement Date:** | | |