# 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 orBusiness 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.
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| **Signature : Date :**  |
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| **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 |  |
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| 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:** |
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| **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:

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* + Day/s approved to work with the Employer:

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**OR,*** The school does not support the sign up of the above-mentioned student
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| 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:** |