

NSW Apprenticeship/Traineeship – SBAT Training Plan Proposal

1.1 Apprentice/Trainee Personal Details				
Training Plan	<input type="checkbox"/> New	<input type="checkbox"/> Amended	Date:	
Given Name		Middle		
Family Name				
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Street Address				
Suburb		State		
Postcode		Telephone		Mobile
Email				
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Support Indicator	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
1.2 Training Details				
Contract Type	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Trainee		
TC Start Date		TC End Date		
Vocation Title		VTO ID		
Qualification Title				
Qualification Level		National Code		
Mode of Delivery	<input type="checkbox"/> Classroom based	<input type="checkbox"/> Electronic	<input type="checkbox"/> Employment based	<input type="checkbox"/> Other e.g. correspondence
RTO Classroom Training Address (if applicable)		State		Postcode
Funding Source	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Government Funded	<input type="checkbox"/> School Sector	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	DAAWS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3 Apprenticeship Connect Australia Provider (ACAP)				
ACAP				
Contact Name		Email:		
Contact Nos.	Tel:	Mob:		Date:
1.4 Parent Details				
Parent Name				
Mobile		Email		

1.5 Registered Training Organisation 1				
RTO Start Date		Estimated RTO End Date		
RTO Legal Name				
Trading Name				
Contact Name		ABN		
Telephone		Mobile		
RTO National Code		Email		
1.6 Registered Training Organisation 2				
RTO Start Date		Estimated RTO End Date		
RTO Legal Name				
Trading Name				
Contact Name		ABN		
Telephone		Mobile		
RTO National Code		Email		
1.7 Employer Details				
Legal Name		ABN		
Trading Name		Contractors Licence No.		
Street Address				
Suburb		State		Postcode
Contact Name		Mobile		
Email				
Workplace Training Address		State		Postcode
Host Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trading Name		
Direct Supervisor Name/ Regulated Trades Supervisor		Licence No.		
1.8 School Details				
Name of School		Region/Diocese		
School Suburb		State		
School Sector	<input type="checkbox"/> Government	<input type="checkbox"/> Catholic	<input type="checkbox"/> Independent	<input type="checkbox"/> Other (specify)
School Contact		Preferred Phone/Mobile		
Email				

1.9 Proposed Formal Training

HSC VET course(s) to be studied for the school-based training component.	NESA VET Course Number:
	NESA VET Course Name:

1.10 Additional Information

Year of School at contract commencement date of traineeship/apprenticeship	<input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12
Does the student have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have specific learning needs? If so, the school sector is to provide the individual learning plan to the RTO.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NESA Student Number:	
Does the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the student intend to undertake the associated HSC VET examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Calendar year the student will sit the HSC exam for this course:	

School-based Apprenticeships and Traineeships website www.education.nsw.gov.au/sbat

1.11 On-The-Job Training Days Required

Total Required		Days Completed to Date			Total Days Remaining	
Days during:	Year 10	Year 11	Year 12	Post HSC	Total	
School Terms						
Holidays						
Total						

1.12 Proposed Pattern of On and Off-The-Job Training

	MON	TUE	WED	THU	FRI	SAT	SUN
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift work involved	<input type="checkbox"/> Yes <input type="checkbox"/> No						

1.13 Acceptance of Agreement

I, the undersigned, agree that:

- the nominated RTO will support and deliver formal training for this apprentice/trainee in the identified apprenticeship/traineeship vocation, in accordance with the [School Based Apprenticeships and Traineeships in NSW Guidelines](#); and
- the training meets the requirements for the appropriate HSC VET course(s)
- a full Training Plan will be developed by the RTO, in consultation with the employer and apprentice/trainee, within **6 weeks** of approval of the Training Contract by the Commissioner for Vocational Training; and
- formal training and assessment will be undertaken in accordance with the obligations and responsibilities as detailed in the [Apprenticeship and Traineeship Act 2001](#), [Vocational Training Guideline – Training Plan](#), relevant [Vocational Training Order](#) and [Training Package](#).

RTO 1 Signature		Print Name	
Position		Date	
RTO 2 Signature		Print Name	
Position		Date	
Employer Signature		Print Name	
Position		Date	
Apprentice/Trainee Signature		Date	