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| **1.8 School Details** | | | | |
| **Name of School** |  | **Region/Diocese** |  | |
| **School Suburb** |  | **State** | |  |
| **School Sector** | Government  Catholic  Independent  Other (specify) | | | |
| **School Contact** |  | **Preferred Phone/Mobile** | |  |
| **Email** |  | | | |

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

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| **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** | Yes  No | | | **Trading Name** | | | |  | | | | | | |
| **Direct Supervisor Name/ Regulated Trades Supervisor** | |  | | | | | | | | **Licence No.** | |  | | |

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| **1.4 Parent/Carer Details** | | | |
| **Name** |  | | |
| **Mobile** |  | **Email** |  |

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| **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** | |  | | | |

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| **1.11 On-The-Job Training Days Required** | | | | | | | | | | | | | | | |
| **Total Required** | | | | **Days Completed to Date** | | | | | | **Total Days Remaining** | | | | | |
|  | | | |  | | | | | | 0 | | | | | |
| **Days during:** | **Year 10** | | | **Year 11** | | | | **Year 12** | | **Post HSC** | | | | **Total** | |
| **School Terms** |  | | |  | | | |  | |  | | | | 0 | |
| **Holidays** |  | | |  | | | |  | |  | | | | 0 | |
| **Total** | 0 | | | 0 | | | | 0 | | 0 | | | | 0 | |
| **1.12 Proposed Pattern of** **On and Off-The-Job Training** | | | | | | | | | | | | | | | |
|  | | | **MON** | | **TUE** | | **WED** | | **THU** | | **FRI** | | **SAT** | | **SUN** |
| **Work** | | |  | |  | |  | |  | |  | |  | |  |
| **Formal Training** | | |  | |  | |  | |  | |  | |  | |  |
| **School** | | |  | |  | |  | |  | |  | |  | |  |
| **Shift work involved** | | | Yes  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](https://education.nsw.gov.au/content/dam/main-education/public-schools/career-and-study-pathways/school-based-apprenticeships-and-traineeships/documents/School_Based_Apprenticeship_Guidelines_FINAL.pdf); 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](https://legislation.nsw.gov.au/view/html/inforce/current/act-2001-080), [Vocational Training Guideline](https://www.nsw.gov.au/education-and-training/resources/vtgs) – Training Plan, relevant [Vocational Training Order](https://www.nsw.gov.au/education-and-training/resources/cibs-bulletins) and [Training Package](https://training.gov.au/). | | | | | | | | | | | | | | | |
| **RTO 1 Signature** | |  | | | | **Print Name** | | | | | |  | | | |
| **Position** | |  | | | | **Date** | | | | | |  | | | |
| **RTO 2 Signature** | |  | | | | **Print Name** | | | | | |  | | | |
| **Position** | |  | | | | **Date** | | | | | |  | | | |
| **Employer Signature** | |  | | | | **Print Name** | | | | | |  | | | |
| **Position** | |  | | | | **Date** | | | | | |  | | | |
| **Apprentice/Trainee Signature** | |  | | | | **Date** | | | | | |  | | | |

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| **1.9 Proposed Formal Training** | | | |
| [HSC VET course(s)](https://educationstandards.nsw.edu.au/wps/portal/nesa/11-12/stage-6-learning-areas/vet) 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 | | Yr 10  Yr 11  Yr 12 | |
| Does the student have a disability, impairment, or long-term condition?  Does the student have specific learning needs? If so, the school sector is to provide the individual learning plan to the RTO. | | | Yes  No  Yes  No |
| NESA Student Number: | | | |
| Does the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)?  YES  NO | | | |
| Does the student intend to undertake the associated HSC VET examination?  Yes  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](http://www.education.nsw.gov.au/sbat)