

2021/2022 SCHOOL BASED APPRENTICESHIP/TRAINEESHIP EXPRESSION OF INTEREST FORM

PROGRAM DETAILS:

Type of School based Traineeship/Apprenticeship of interest: _____ i.e.: Carpentry, Business

Provider/Employer/Program (If Known) _____

STUDENT DETAILS:

Student Name: _____ Current year level: _____

Current school: _____

Will you be attending the same school in 2022? Yes No

In 2022 I am hoping to study (Circle relevant) **Year 10** Year 11 Year 12 VCE VCAL

Date of Birth:

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 Current Age in years*

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Gender **F** = Female, **M** = Male, **U** = Unspecified

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*Students must be 15 to be able to undertake a SBAT

Residential Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Student Email Address: _____

Are you of Aboriginal or Torres Strait Islander origin (Circle)? Yes No

What language is spoken at home? _____

Status of citizenship/residency (Tick Box)?

Australian Citizen: Temporary Resident

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 Permanent Resident

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If Temporary Resident please provide details of Visa:

Type: _____ Number: _____ Expiry Date: _____

Are you planning to apply for a VET course in 2022? (Circle) Yes No

If yes, which course? _____

Have you previously completed, or are you in the process of completing, any Certificate II or III in a part time job?
(Circle) Yes No

If yes please complete the following:

Certificate Name: _____

Year of completion: _____

Have you previously completed a School based Traineeship?

Yes

No

If yes, which certificate type and level i.e.) Certificate 11 or Certificate III?

CAREER GOALS:

What do you know about School based Traineeship/Apprenticeships?

Why do you believe this School based Traineeship/Apprenticeship fits in your Pathways Plan?

Briefly detail any experience (if any) you have involving this type of work.

PARENT/ GUARDIAN DETAILS:

Name: _____ **Relationship to Applicant:** _____

Address: _____

Suburb: _____ **Postcode:** _____ **Contact Phone:** _____

Email Address: _____

I acknowledge that my son/daughter is interested in possibly undertaking a SBAT. I also understand that there may also be costs payable for training delivery, which will need to be paid prior to the start of any program. I will also be available to attend any sign up sessions as requested. I also understand that the school will need to outline to any employer/s any issues relating to learning, medical, attendance or other issues which may impact on a successful application outcome for my son/daughter.

In addition I also understand that I am responsible for collecting or making suitable arrangements for the collection of my child at the end of training class time and to arrange transport to and from their workplace, and to school if necessary. Any issues relating to student safety when travelling must be reported immediately to the Home School.

Signed (Parent/Carer): _____ **Date:** _____

Signed (Student): _____ **Date:** _____

School Lodgment Date: _____ **School Staff Member:** _____

Please return this completed Expression of Interest form to your School based Traineeship/Apprenticeship/Careers/Pathways Co-ordinator and that completion of this form DOES NOT GUARANTEE that this student will be offered any School based Traineeship/Apprenticeship