Sydney Catholic Schools

SBAT Expression of Interest

(Application to establish a School Based Apprenticeship or Traineeship)

The purpose of this form is to collect information needed to establish a School Based Apprenticeship or Traineeship (SBAT) and to ensure all parties are aware of requirements and responsibilities involved.

Schools must forward the completed form to the SCS SBAT Coordinator, prior to the student commencing an SBAT. ***sbat@syd.catholic.edu.au***

Student Details

Student Name:						USI:	
Date of Birth:	/ /	☐	Male	☐	Female	Student NESA Number:	
Aboriginal or Torres Strait Islander?		☐	Yes	☐	No		
Home Address:							
School Email:						Postcode:	
Other Email:						Student Mobile:	
School:						Year Group	10 / 11 / 12 (commencing)

Qualification Name (and Code) (check Training Services NSW for details of approved qualifications)

Number of paid work days required (as per Vocational Training Order) **if more than 100**. (Days must be completed by 31 Dec of HSC Year.)

What days do you plan to work to achieve these days?

Work Commencement Start Date:

☐	120 (Electrotechnology - Career Start)	☐	144 (Construction/Carpentry)
☐	130 (Automotive)	☐	180 (Plumbing & Electrical)

Details of proposed apprenticeship or traineeship (to be completed when known)

Employer Details

Employer's Trading Name		ABN:	
Employer Address:		Workplace address *(if different)*:	
Suburb:	Postcode: .		Postcode: .
Contact Name:		Supervisor: *(if different)*	
Phone:		Phone: *(if different)*	
Email:		Email: *(if different)*	
Trade Licence No. *(If applicable)*			

Employer's Preferred Apprenticeship Network Provider:

☐ VERTO ☐ Apprenticeship Support Australia ☐ MEGT ☐ Sarina Russo

Other: _____

Registered Training Organisation (RTO)

☐ Sydney Catholic Schools ☐ TAFE NSW ☐ Private RTO

Name of RTO: Private RTO Name & Contact details: _____

HSC Pattern of Study

Course	Units	Is there a mandatory work placement requirement for the course? Yes / No*
English	2	No
Total Units		

** NB. While the SBAT will fulfil the mandatory work placement requirement for the related course, students may need to complete further placements to meet the mandatory requirements for other VET courses.*

Student Declaration

- I declare that the information I have supplied in this application is true and correct.
- I am willing to travel to the required training location and workplace to complete my school based apprenticeship or traineeship.
- I understand that I must undertake the appropriate VET course as part of my HSC studies to be eligible to undertake a school based apprenticeship or traineeship.
- I understand that I am required to complete a Log Book and Journal as part of my apprenticeship/traineeship and agree to make this available to the school at regular catch up sessions.
- I have read and understand the privacy statement at the end of this document.

Student's Signature _____ Date _____/_____/_____

Student Needs Assessment (to be completed by parent/carer)

The following information will be forwarded to prospective employers to enable the employer to decide if any further action is required by them to support your son/daughter at the workplace. Please be aware that failure to disclose all the known needs of your son/daughter on this form may prevent your son/daughter from undertaking the proposed apprenticeship/traineeship.

I advise that my son/daughter has the following needs that may be already supported at school and may affect his/her safety, progress, welfare or supervision at the workplace:

☐ Recognised Disability: ☐ Intellectual ☐ Hearing ☐ Physical ☐ Vision ☐ Mental Health

☐ Allergy (please give details:

☐ Other (please give details)

If needs have been identified above please explain what actions/adjustments you know from your experience would assist employers to manage your son/daughter's particular needs at the workplace.

_____

_____

Parent/Carer Declaration

As the parent/carer of the above student, I understand that:

- I the Parent/Carer have checked that the information provided by my son/daughter, is true and correct
- my son/daughter will be entering into a formal training contract with the employer indicated on this form for their school based apprenticeship/traineeship
- my son/daughter, as an employee of the employer identified on this form, will be covered under the employer's public liability and workers compensation insurance
- claims for employment-related injury, loss or damage either suffered or caused by my son/daughter as an apprentice/trainee whilst in the employ of the above employer should be forwarded to the employer
- my son/daughter is required to complete the minimum number of days of work (on the job training) by 31 December of the year of their Higher School Certificate
- my son/daughter's welfare/safety and that of their co-workers at the workplace is best served by my complete and honest disclosure of any particular needs that he or she may have that may affect his/her safety or supervision at the workplace
- the information above may be provided to the prospective employer to enable the employer to decide if they need to take any additional steps to support my son/daughter's safety and welfare in the workplace
- it is my responsibility to ensure that my son/daughter can safely manage their travelling arrangements to and from their place of employment and training
- matters of concern arising in relation to my son/daughter's apprenticeship or traineeship should be advised to the school in the first instance
- prospective employers may contact me on the telephone number below to discuss the suitability of my son/daughter to the apprenticeship or traineeship and the particular needs that I have identified
- I may be contacted by the school / SCS (Sydney Catholic Schools) representative to arrange work placement trials or sign-up appointments.
- I allow my son/daughter's photo to be provided by the school to be used by Training Services NSW to complete the Training Contract..
- I have read and understand the privacy statement on this form.

Parent/Carer's signature _____ Date _____/_____/_____

Name of parent/carer _____ Relationship to student _____

Contact phone number _____ Email _____

School Declaration (to be completed by the school principal or nominee)

- to the best of my knowledge the information provided by the student and Parent/Carer is true and correct and reflects relevant information held by the school
- the school agrees to be the first point of contact for any matters arising relating to the student's apprenticeship/traineeship and agrees to support the student in completing the apprenticeship or traineeship as part of their HSC studies
- the school will regularly monitor the student's progress and welfare ensuring that "Catch Up" sessions are held with the apprentice or trainee each school term
- the school principal or nominee will not sign the training plan for this apprentice or trainee until the school has sighted the completed the **Employer Questionnaire and Checklist** indicating that the employer has completed all requirements in respect to supporting the safety and welfare of the student in their workplace.

Name of School _____ School Contact _____

Phone Number _____ Email _____

Signature of Principal or nominee _____ Date _____/_____/_____

Name _____ Position _____

Please forward completed form to **sbat@syd.catholilc.edu.au**

Privacy Notice - for all parties

The information provided by parents or carers and by employers is obtained by the school and by the Sydney Catholic Schools to meet the school sector's duty of care responsibilities, to support the information needs of the prospective employer and to allow the proposed school based apprenticeship or traineeship to be established.

Providing this information is voluntary. However, if you do not provide the information requested the student may not be able to undertake the proposed school based apprenticeship or traineeship. The information you provide will be stored securely and retained in accordance with SCS's record-keeping procedures. The information will only be disclosed for the purposes for which it was collected.