

Employer Questionnaire and Checklist

for employment of a School Based Trainee

Legal Name of Employer _____ ABN _____

Trading name _____

Employer Contact Name _____

Position _____ Phone _____ Email _____

Traineeship Qualification _____

Student name _____ School _____

Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been provided with the School Based Apprentices and Trainees – Take On Tomorrow document for employers?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you aware of your obligations under legislation mentioned in the School Based Apprentices and Trainees – Take On Tomorrow document for employers?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you aware of the special responsibilities associated with working with children and young people?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you informed your employees of their responsibilities when working with children and young people?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you believe your staff members and other people who will work closely with the school based apprentice or trainee are suitable to work with children and young people?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you provide a workplace that meets WH&S legislation requirements and is free from harassment or discrimination?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you agree to comply with the Department of Education requirements relating to workplace safety and the management of higher risk activities as outlined in the Employers' Information document?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you ensure that the induction of the school based apprentice or trainee takes account of their age and inexperience and includes relevant safety matters and emergency procedures?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold the appropriate property, public liability and workers compensation insurance coverage to cover the apprentice or trainee for the duration of their apprenticeship or traineeship?
Yes <input type="checkbox"/> No <input type="checkbox"/>	If the student has identified a special need can you manage their needs in the workplace?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you confident that you do not need to make any adjustments to your workplace to ensure the student and other employees can complete their duties with minimal potential risk?

Employer has satisfied the NSW Department of Education Duty of Care requirements in respect of the above questions.

Name of School Sector Nominee _____ Date ____/____/____

Signature _____ Position _____

Note

- The school Principal or nominee must see this document before they can sign the proposed training plan
- This document should be held on file by the school sector
- Training Services NSW Training Advisors will complete the Employer Questionnaire for school based apprentices.