

# Application to Establish a School-based Apprenticeship or Traineeship (SBAT) For NSW Government School Students

To be completed by the parent/carer, signed and returned to the school

## Student details

First names  Last Name

My child requires learning adjustments and/or has medical or other health concerns

## Parent/Carer details

Parent/Carer name  Relationship to student

Mobile  Email

## Employer details

Name of business   
Contact Name  Phone   
Email (if known)

## Training Details

This application is for a  School-based Apprenticeship  School-based traineeship

Name of Apprenticeship or Traineeship

## Parent/Carer Declaration

The employer identified above has offered my child employment as a school-based apprentice or trainee

I understand that as a school-based apprentice or trainee my child will

- enter an employment contract with the employer mentioned above.
- be required to spend time undertaking the formal training component with a Registered Training Organisation and this training will contribute to the HSC.
- As a minimum be required to attend the workplace for between 100 and 180 days depending upon the apprenticeship or traineeship undertaken. If attendance at the workplace is required during school hours my child will need to catch up on any schoolwork missed.

I consent to the school commencing the process to establish a school-based apprenticeship or traineeship and understand relevant personal information about my child will be shared with the employer and training provider for the purpose of establishing and supporting my child's School-based apprenticeship or traineeship.

Parent/Carer name  Relationship to student

Signature  Date

Instruction to school staff

Please forward the signed form along with the Training Plan Proposal to your SBAT Officer and keep a copy on file..