

## 2022/2023 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 2023? **Yes** **No**

In 2023 I am hoping to study (Circle relevant) **Year10** **Year11** **Year12** (circle) **VCE** **VOC MAJOR** **VPC**

DOB: 

--	--	--	--	--	--	--	--

\*Students must be 15 on 1<sup>st</sup> JAN 2023 to be able to undertake a SBAT

Gender (optional)

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Student 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 ResidentPermanent Resident If Temporary Resident please provide details of Visa:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Are you planning to apply for aVET coursein2023? (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 II 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: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

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 signup 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/Guardian): \_\_\_\_\_ 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**