



<b>OFFICE USE ONLY</b>	Traineeship information entered into RTO Data Actioned by:	Nominated Apprentice Network Provider:	
	Apprenticeship Number:	ANP contact:	

Please complete **ALL** areas of this form. This form can be completed digitally or neatly using blue or black pen.  
**Please note:** we are unable to finalise your traineeship application until all required information and supporting evidence has been provided.

<b>PERSONAL DETAILS</b>	Please <b>PRINT</b> clearly and neatly. Your name and date of birth must match your enrolment form.		
	Given name: (first name)		Middle name/s: (second name)
	Surname: (last name)		Date of birth: DD / MM / YYYY

<b>STUDY INFORMATION</b>	What course do you wish to enrol in for your traineeship?	<input type="checkbox"/> <b>BSB30415 Certificate III in Business Administration</b> <input type="checkbox"/> <b>BSB51918 Diploma of Leadership and Management</b> <input type="checkbox"/> <b>CH30113 Certificate III in Early Childhood Education and Care</b> <input type="checkbox"/> <b>CH50113 Diploma of Early Childhood Education and Care</b> <input type="checkbox"/> <b>CH40113 Certificate IV in School Age Education and Care</b>
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<b>TRAINEESHIP CHECKLIST</b>	<b>To become a trainee, you will need to meet ALL of the following requirements:</b>	
	<ul style="list-style-type: none"> <li>a) work in the ACT</li> <li>b) be at least 15 years-of-age</li> <li>c) be an: - Australian citizen - Permanent resident - New Zealand passport holder (resident in Australia for more than 6 months) or - a person who holds a visa that is identified as being eligible*</li> <li>d) receive remuneration for their work</li> <li>e) complete a minimum of 15 hours combined work and training per week</li> <li>f) undertake an approved Australian Apprenticeships qualification with an approved RTO</li> <li>g) have the required supervision in the workplace for an Australian Apprentice.</li> </ul>	
	Attached	Required evidence to support application
	<input type="checkbox"/>	Workplace details completed on next page by Workplace representative
	<input type="checkbox"/>	Proof of residency Australian citizen      - Birth certificate, Australian Passport, Green Medicare Card Permanent resident      - Copy of Visa or Green Medicare Card OR New Zealand Passport
<input type="checkbox"/>	Proof of age - i.e. drivers licence, birth certificate	
<b>*For details on eligible Visa please contact the YWCA Canberra Education and Training team - email: <a href="mailto:training@ywca-canberra.org.au">training@ywca-canberra.org.au</a></b>		



<b>APPRENTICE NETWORK PROVIDER</b>	Has an Apprentice Network Provider (ANP) been contacted to coordinate the traineeship?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, name of ANP		
	If No would you like YWCA Canberra to organise the ANP sign up?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes what is an appropriate date and time for the sign up to occur?		
	Preferred day/s: <i>please specify</i>		Preferred time/s: <i>please specify</i>

<b>EMPLOYMENT DETAILS</b>	Workplace name:		
	Address:		
	Suburb/Town:	State/Territory:	Postcode:
	Manager's name:		
	Manager's email:		Manager's phone:
	Date commenced:		Average hours worked per day:
	Position held:		
	Employment status of the applicant:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other <i>please specify</i>	



## Employer declaration

By ticking the following statements and signing this form, I declare that I have assessed the staffing levels within my workplace and understand the requirements of taking on a trainee.

I agree to:

- Release the trainee from work and pay the appropriate wages to attend any off-the-job training (i.e. workshops and training time away from the workplace), including assessments as provided in the training plan.
- Allow access to the workplace by the training organisation representative to assess the suitability of the workplace and to undertake workplace observations of the trainee.
- The workplace will provide or arrange to provide, the facilities and range of work as specified in the training plan, ensuring the trainee is adequately supervised.
- The workplace will discharge all lawful obligations of an employer, including those relating to: workplace health and safety, paying wages and providing entitlements specified in the relevant industrial relations instrument.

Signature:..... Full Name:.....

Date: .....

## Student declaration

By ticking the following statements and signing this form, I declare I have honestly and accurately provided the information contained within the application form.

- I declare I have read, understood and completed all the details of this form and have been given the opportunity to ask any questions about the content or course prior to signing this agreement.
- I declare I have read and understood the requirements of the course as specified in the course information and the terms and conditions as set out in the student handbook.
- I agree to the requirements of the traineeship including completing the training and assessments as set out in the training plan.
- I agree to keep in contact with my trainer/assessor on a regular basis.

Signature:..... Full Name:.....

Date: .....

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Superseded version	New version	New version date	Date to review	Changes
	1	June 2017	June 2018	New form for all course enrolments