Traineeship application form

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| --- | --- | --- | --- | --- |
| **Office use only** | Traineeship information entered into RTO data | Apprenticeship number | Nominated Apprentice Network Provider | ANP contact: |
| Actioned by:ETU member | Number | Name of APN | Name of contact |

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

# Personal details

**Note:** your name and date of birth must match your enrolment form.

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Your first name | Middle name | Your middle name, if any |
| Last name | Your last name | Date of birth | DD/MM/YYYY |

# Study information

|  |  |
| --- | --- |
| What course do you want to enrol in for your traineeship? | CHC30121 Certificate III in Early Childhood Education and Care  CHC50125 Diploma of Early Childhood Education and Care  BSB50420 Diploma of Leadership and Management |

# Traineeship checklist

To become a trainee, you must:

* work in the ACT
* be at least 15 years old
* be an Australian citizen, a permanent resident, a New Zealand passport holder (resident in Australia for more than six months) or be a person who holds a visa that is identified as being eligible
* receive remuneration for your work
* complete a minimum of 15 hours combined work and training each week
* undertake an approved Australian Apprenticeships qualification with an approved RTO
* have the required supervision in the workplace for an Australian Apprentice.

For details on eligible visas or any other inquiries on eligibility requirements, please email the [YWCA Canberra Education and Training team](mailto:training@ywca-canberra.org.au) email or call 02 6185 2000.

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| --- | --- | --- |
| **Required evidence to support enrolment** | **Attached** | **Office use: confirmation of receipt. Staff member to sign and date.** |
| Workplace details completed on next page by workplace representative |  |  |
| Proof of Australian residency:   * Australian citizen: birth certificate, Australian passport, or green Medicare card * permanent resident: copy of visa or green Medicare card * New Zealand passport   copy of eligible visa. |  |
| Proof of age (such as driver’s licence or birth certificate) |  |

# Apprentice network provider

|  |  |
| --- | --- |
| Has an Apprentice Network Provider (ANP) been contacted to coordinate the traineeship? | |
| Yes  Provider: Name of ANP | No  Would you like YWCA Canberra to organise the ANP to sign up?  Yes  No  If yes, please provide an appropriate date and time for the signup to occur:  Provide day/s and time/s you are available |

# Employment details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace name | Name of your workplace | | | | | | | | |
| Address | Workplace address | | | | | | | | |
| Suburb/town | Suburb or town | State/territory | | | State/ territory | | | Postcode | postcode | |
| Manager’s name | Manager’s name | | | | | | | | |
| Manager’s email | Manager’s email address | | | Manager’s phone | | Manager’s phone number | | | |
| Date started | Date started | | | Average hours worked each week | | Average hours worked | | | |
| Position held | Position held | | | | | | | | |
| Employment status of applicant | Full time  (35 hours or more a week) | | Part time  (less than 35 hours a week) | | | | Other (please specify): employment status | | |

# 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 outside 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

ensure the workplace provides, or arranges to provide, the facilities and range of work as specified in the training plan, ensuring the trainee is adequately supervised

ensure the workplace discharges 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.   
  
Full name: Your full name

Signature:

Date: Date signed



(Signature can be added physically or using the Freeform: Scribble tool ( ) under the Insert> Shapes menu, Lines section).

# Student declaration

By ticking the following statements and signing this form, I declare that I have honestly and accurately provided 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 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.  
  
Full name: Your full name

Signature:

Date: Date signed

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| --- | --- | --- | --- |
| **Office use only** | | | |
| Version number | Version date | Review due | Changes |
| 1 | June 2017 |  |  |
| 1.1 | Jan 2020 |  | Changes in Skilled Capital funding courses |
| 1.2 | May 2021 |  | Changes to available courses |
| 2.0 | June 2021 | June 2022 | Rebranded and text updated |
| 2.2 | Sept 2025 |  | Update Diploma ECEC course code |