

# TRAINEE / APPRENTICE SIGN UP REQUEST FORM



The purpose of this document is to apply for enrolment with ACCCO under a proposed traineeship or apprenticeship contract.

<b>APPLICANT DETAILS</b>	<b>Given Name:</b> (First Name)		<b>Middle Name/s:</b> (Second Name/s)	
	<b>Surname:</b> (last name)			
	<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
	<b>Home Phone:</b>		<b>Mobile Phone:</b>	
	<b>Email:</b>			
	<b>Residential Address:</b>			
	<b>Suburb/Town:</b>		<b>State/Territory</b>	

<b>STUDY INFORMATION</b>	<b>What course do you wish to enrol in?</b> <i>*Available qualifications under a Traineeship or Apprenticeship are determined by State Government.</i>	<input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care	<input type="checkbox"/> CHC40213 Certificate IV in Education Support
		<input type="checkbox"/> CHC30213 Certificate III in Education Support	<input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care
		<input type="checkbox"/> CHC40113 Certificate IV School Age Education and Care	<input type="checkbox"/> CHC50213 Diploma of School Age Education and Care

<b>EMPLOYMENT DETAILS</b>	<b>Workplace Name:</b>			
	<b>Address:</b>			
	<b>Suburb:</b>			
	<b>Centre Phone Number:</b>			
	<b>Date applicant commenced employment</b>		<b>Number of hours the applicant will be employed per week:</b>	
	<b>Employment status of the applicant</b>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	Other:
	<b>Director/Manager Name:</b>			
	<b>Director/Manager Email:</b>			
	<b>Australian Apprenticeship Support Network (AASN) Provider</b>	Has the AASN been contacted to coordinate the traineeship/apprenticeship contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Would you like ACCCO to organise the AASN sign up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is an appropriate date and time for the sign up to occur?				
<b>Centre Director/Manager Declaration</b>	Preferred day/s:	Preferred time/s:		
	<p>I have assessed the staffing level within my Education and Care Service/Centre/School and understand the requirements of taking on a trainee/apprentice. I agree to:</p> <ul style="list-style-type: none"> <li>• Provide, or arrange to provide, the facilities and range of work as specified in the training plan, ensuring the apprentice or trainee is adequately supervised by a qualified person.</li> <li>• Pay the wages and provide the entitlements specified in the relevant industrial relations instrument.</li> <li>• Release the apprentice or trainee from work and pay the appropriate wages to attend any off-the-job training, including assessment as provided for in the training plan.</li> <li>• Discharge all lawful obligations of an employer, including those relating to workplace health and safety.</li> </ul>			
	Signature:	Date:		