

# 2017 Expression of Interest

## School based Apprenticeships/Traineeships (SBAT)

Student's Name				School			
Address			Suburb			Post Code	
Date of Birth / /		Home Phone		Mobile Phone		Email	
Unique Student Identifier				Board of Studies Number			
Are you Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No				Language spoken at home?		<input type="checkbox"/> English <input type="checkbox"/> Other ..... (Please specify)	
Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you a recipient of a Government Benefit? <input type="checkbox"/> No <input type="checkbox"/> Austudy <input type="checkbox"/> Youth Allowance							
Are you a dependent of a parent/guardian who is receiving a Government Benefit? <input type="checkbox"/> No <input type="checkbox"/> Yes							
<i>If you have answered Yes to this question, further information will be required to ascertain possible concession.</i>							
Reason for wishing to undertake an SBAT:							
Please indicate industry area of interest (please tick appropriate box below):							
<input type="checkbox"/> Automotive Mechanical		<input type="checkbox"/> Hairdressing		<input type="checkbox"/> Aged Care		<input type="checkbox"/> Metals & Engineering	
<input type="checkbox"/> Hospitality		<input type="checkbox"/> Business Services		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Electrical	
<input type="checkbox"/> Construction		<input type="checkbox"/> Other (please specify)					
Have you already sourced your own employer?				YES / NO		If YES please provide contact details below	
Company Name				Company Address		Company ABN	
Contact Name		Contact Phone No		Contact Email			
<b>Please note:</b> In some vocational areas TAFE NSW, SWSi, may be able to assist with sourcing of suitable host employer, however it is the responsibility of the student to find an appropriate employer and pass on details to the TVET Unit for follow up and further information.							
Are you currently undertaking <u>any</u> (or have you in the past) paid part-time employment?							YES / NO
Have you previously completed any work experience in the area that you are applying for?							YES / NO
If you are unsuccessful in gaining an SBAT do you wish to undertake a TVET course? (If the answer is YES you must submit a separate TVET application form as soon as possible).							YES / NO

### RELEASE OF INFORMATION (To be completed by student and parent/caregiver)

The information obtained by TAFE NSW as a result of the completion of this application form will be used for the purpose intended only. I consent to the release of the above information to potential employers in relation to School-based Apprenticeships/Traineeships.

Student Name		Signature		Date	
Parent/Caregiver Name		Signature		Date	
Parent/Caregiver Contact Details		Mobile		Work	
				Home	

#### School Approval

Staff member name:	Position:	Signature:
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Completed forms should be forwarded to:

<b>SBAT Coordinator, TVET Unit</b> <b>TAFE NSW – Miller College</b> <b>Cnr Banks Road &amp; Hoxton Park Road, MILLER NSW 2168</b>	<b>Phone: 9825 7460</b>  <b>Fax: 9826 7451</b>
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