

## SCHOOL BASED TRAINEESHIP/APPRENTICESHIP- Application Form 2025

### PROGRAM DETAILS:

Name of SBAT Program you are interested in: \_\_\_\_\_

Provider Name \_\_\_\_\_

### STUDENT DETAILS:

Student Name: \_\_\_\_\_

School attending in 2025 : \_\_\_\_\_

In 2025 - I will be in (circle) **Year 10** **Year 11** **Year 12**

In 2025 - I will be doing (circle) : VCE **VOC MAJOR** VPC Other: \_\_\_\_\_

Date of Birth: 

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 Gender (optional) 

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Student's age on January 1<sup>st</sup> 2025? \_\_\_\_\_ **Please note :** *Students must be 15 by this date*

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student's Mobile Phone Number: 

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**USI (Unique Student Identifier):**

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This is a **ten digit** combination of letters and numbers. If you do not have one, please visit [www.usi.gov.au](http://www.usi.gov.au) to register.  
**Your application will not be processed until this number is supplied**

#### **Details of any disability, impairment or long-term condition.**

Please note that details of any learning difficulty or medical condition will be passed on to the training provider by the school so that appropriate support can be put in place. Without this support there is a possibility that the course may not be satisfactorily completed. If you have any problems with this please contact the SBAT Manager at the school.

Please list any Learning Difficulties and explain what help you think you will need to be successful:

\_\_\_\_\_  
\_\_\_\_\_

Please list any diagnosed medical condition e.g. asthma, diabetes?

\_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

Yes

No

What language is spoken at home? \_\_\_\_\_

Status of Citizenship/Residency – tick the correct box (please - complete Visa Details if necessary)

<input type="checkbox"/>	Australian Citizen
<input type="checkbox"/>	Permanent Resident
<input type="checkbox"/>	Temporary Resident

**If Temporary Resident – please provide Visa Details**

**Type:** \_\_\_\_\_

**Number :** \_\_\_\_\_ **Expiry** \_\_\_\_\_

Have you also applied for a VET course in 2024?

Yes

No

If yes course name \_\_\_\_\_

Within any part time time job – have you previously completed, or are you currently completing any Certificate Training?

Yes *	No
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If Yes \* which Certificate? \_\_\_\_\_ Year of completion \_\_\_\_\_

Have you previously completed any other School Based Apprenticeship or Traineeship?

Yes *	No
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If Yes \* which Certificate? \_\_\_\_\_ Year of completion \_\_\_\_\_

### STUDENT AGREEMENT:

Note: Students are expected to complete the full year of the program. They may have to complete work, training and placement during the holidays to meet the requirements of the course.

I understand that if I am offered a position I must be committed to the program. I agree to attend all training sessions as timetabled each week, complete the work required and complete any work placement including holiday training and placement as required. I will advise the SBAT Manager of any reason for non-attendance **before** the weekly training. I will also talk to the SBAT Manager if at any time I feel unsafe or I do not understand what I am expected to do. I also understand that the training organisation and my employer will be informed of any learning difficulty I have at school so that support can be given to me to be successful as well as any medical condition which may affect my performance in the workplace. If I am offered support I will accept it.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CAREER GOALS:

What do you know about this School Based Apprenticeships / Traineeships?

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Explain why you believe this SBAT fits in with your Pathways Plan?

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Detail any experience you may / may not have involving this type of work.

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### PARENT/CARER DETAILS:

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Parent / Carer Email Address: \_\_\_\_\_

Mobile Phone:


Other Phone:

### Parent/Carer Permission:

#### Privacy Information:

All information on this form is true and correct. I, and my son/daughter, understand that the information is provided for the purpose of application, selection and enrolment into School based Traineeship. The information, including details of any learning difficulties and medical conditions, will be provided to the organiser of the course, the Registered Training Organisation and any others involved in the provision of this course at the delivery site. It may also be provided to employers. It is also required for organisation of SBAT bus travel.

I/We consent to this information being provided. Signed (Parent/Carer) \_\_\_\_\_

**Another parent signature is also required on the NEXT PAGE**

#### Transport to SBAT classes

Transport to SBAT classes Students travelling to external SBAT providers on Wednesday afternoons are able to access the VET bus system. Government funding for the VET bus system in 2025 is not yet confirmed but individual school will update school communities in due course. Students will board the bus at their respective home school to travel to the VET training venue, the city, or the interchange at Fenwick St, close to Matthew Flinders Girls Secondary College. From this interchange some students will travel on another bus that will take them directly to their training venue. This may involve students walking a short distance to where the connecting buses are parked or a nearby training venue Voluntary staff from schools have supervised the interchange for several weeks to help students familiarize themselves with the process but confirmation of supervision arrangements for 2025 has not yet been confirmed. **Please note that travel on this bus is not supervised.** If the students are dropped off in the city, they will walk a short distance to their training venue. On arrival at the venue students are expected to go straight to their VET classes.

**PLEASE NOTE To access the VET bus system in 2025 students must complete the Application for Permission to Travel on the VET Off- Campus Transport Program. Please see your VET coordinator for forms.**

#### Parent/Carer Permission:

I/We understand that travel to the SBAT training will be unsupervised. Travel will be mainly undertaken by using the VET/SBAT buses but for some students, it will be undertaken in other ways eg walking, driving, cycling etc. My son/daughter will be trusted with the responsibility to conduct themselves in a manner that keeps themselves safe, displays respect to the general public, bus drivers and other students,. As a parent/carer, I accept responsibility for making suitable arrangements, in consultation with the home school, for my son/daughter to travel to SBAT classes or work placement and will be responsible for the safe pick up at the end of each session. If there are any issues which occur when travelling my son/daughter understands that they need to speak to the trainer when they arrive at the training venue and contact a parent. I will ensure that the home school is immediately notified.

**Costs:**

I/We agree to pay any costs for the delivery of the program as outlined by the employer. This may include any training delivery fees, course materials, uniforms etc as detailed by the employer. I understand that non-payment of these fees before commencement of the program may result in my son/daughter not being able to commence the program for 2025.

**Signed(Parent/Carer)** \_\_\_\_\_ Date: \_\_\_\_\_

**Signed (Student)** \_\_\_\_\_ Date: \_\_\_\_\_

**Please SIGN and RETURN this completed application**

to the School Based Apprenticeship + Traineeship (SBAT) Manager at your school **AS SOON AS POSSIBLE**, so that it can be forwarded to potential employers in order for them to start their recruitment process.

**SCHOOL BASED TRAINEESHIP MANAGER TO COMPLETE:**

Student Attendance: \_\_\_\_\_ % Comments: \_\_\_\_\_

Student Literacy: \_\_\_\_\_

**Below expected**

**At expected**

**Above expected**

Preferred work day(s) in 2025 \_\_\_\_\_

Do you believe this student will need assistance in this program to be successful? **Yes** **No**

If Yes – what type of assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Based Traineeship Manager details:**

Name: \_\_\_\_\_

Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the student applying for more than one SBAT position in 2025? (Circle) **Yes** **No**

If yes – provide details of the other applications

1. \_\_\_\_\_

2. \_\_\_\_\_

By signing this document, I support this student's application into a SBAT position for 2025

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_