

Application for Exemption from Enrolment at School For the purpose of completion of Education by completion of a Full Time Apprenticeship or Traineeship Commencing in Year 10

Part A (to be completed by parent/caregiver)

Student Details				
Family Name:	Given Name (s)			
Address				
		Postcode		
Date of Birth	Age	Year Group		
Student Enrolment Code	House	Homeroom		
Application for Exemption				
Dates of exemption applied for: from	to	No. of School days		
Parent / Caregiver Details				
Family Name:	Given Name (s)			
Address				
		Postcode		
Contact No	Relationshin t	o student		



Declaration / Signature

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School, under the *Education Act 1990*

I understand that, if the exemption is granted

- I am responsible for the supervision of the student during the Period of Exemption;
- If the arrangement with the employer ceases the above named student must satisfy compulsory schooling requirements (i.e. complete Year 10 at the school or at TAFE);
- the exemption is limited to the period indicated;
- the exemption is subject to the conditions listed on the Certificate of Exemption;

I declare that the information provided in this Application for a Certificate of Exemption is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this Application later prove to be false or misleading, any decision made as a result of this Application may be reversed.

I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of Parent	Date	
Signature of Student	Date	

Privacy Statement

The information provided will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes

- General student administration relating to the education and welfare of the student;
- Communication with students and parents;
- To ensure the health, safety and welfare of students, staff and visitors to the school;
- State and national reporting purposes;
- For any other purpose required by law.

The information will be stored securely.

You may access or correct any personal information by contacting the school.

If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.



Part B (to be completed by the Employer)

Employer's Details	
Name of Company/Corporation	
Trading Name	
Contact person	
Address	
	Postcode
Contact Number	Fax Number
E-mail address	
<u>Declaration</u>	
I have completed and signed to relevant So Proposal.	ections of the NSW Apprenticeship or Traineeship – Training Plan
•	cipal if the apprenticeship or traineeship is abandoned or cancelled
If this apprenticeship or traineeship comm	ences with a probationary period, please specify:
Probationary period: from	to
<u>Signature</u>	
Signature	Date

Once you have completed and signed Part B please send this form to the Principal



Part C (to be completed by the Principal)

Principal's Decision

Following consideration of this application, I make it necessary and desirable that	am satisfied \Box	not satisfied \square that conditions	exist that
Name of student		to be exempt from enrolmer	t at school
Exemption from enrolment is herewith	granted \Box	not granted \square	
For the period: from	to	No of school days _	
<u>Comments</u>			
Principal's Signature			
Signature		Date	



NSW Apprenticeship / Traineeship Training Plan Proposal

Part A

Employer's Details

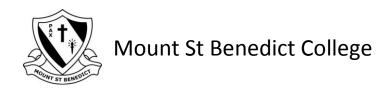
Name of Company/Corporation		
Trading Name		_ ABN
Contact person		
Address		
		_Postcode
Contact Number	Fax Number	
E-mail address		
Workplace Training Address(If different from above)		
Registered Training Organisation (RTO)		
Legal Name		RTO Code
Trading Name		_ ABN
Contact person	Email Address	
Contact Number	Fax Number _	

Acceptance of Agreement

We, the undersigned, agree that:

- The RTO nominated on this form has been selected to deliver training to this apprentice / trainee
- A training Plan will be developed by the RTO in consultation with the employer and apprentice/trainee within 12 weeks of approval of the Training Contract and a copy provided to the employer and apprentice/trainee.
- Delivery of training and assessment services will be in accordance with the AQTF, the Training Package, the Apprenticeship and Traineeship Act 2001 and the terms and conditions of State Training Services Apprenticeship and Traineeships Training Program (ATTP) and G Training Plan Guidelines.

Signatures



For and on behalf of RTO

Name				Position		
Signature					Date	
			<u>Emplo</u>	<u>yer</u>		
Name				Position		
Signature					Date	
			Apprentice /	/ Trainee		
Name				Position		
Signature					Date	
Part B						
<u>Apprentice</u>	's Details					
Family Name:	Given Name (s)					
Address						
					Postcode	
Contact No		Mob	ile		E-mail	
Gender:	Female	At School?	Yes \square	No 🗖		
Aboriginal or T	orres Strait Is	lander?	Yes \square	No 🗖		



Training Details

Contract Type:	Apprentice New entrant Trainee Existing Worker Trainee		Employment type:	Full Time	
Training Contract d	ates from:		to		
Vocation Title					
Qualification Title _			Qualificati	on Level	NTIS
Mode of delivery:	Classroom based Electronic based Employment based			ase specify e.g. distance) [_
RTO Training Addre	ess			Postcod	e
RTO dates: Start _			Comple	tion:	
Funding Source:	Employer (fee for service) Public (ATTP/PPP)		DAAWS	Application pending	
	TAFE			Approval date	
100	renticeship Centre				
Contact No	Mobil	e		E-mail	
Signature			D.	ate	