



Mount St Benedict College

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 _____ Relationship to student _____



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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.



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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 _____

Declaration

I have completed and signed to relevant Sections of the NSW Apprenticeship or Traineeship – Training Plan Proposal.

As the employer, I agree to notify the Principal if the apprenticeship or traineeship is abandoned or cancelled before the student's 17th Birthday.

If this apprenticeship or traineeship commences with a probationary period, please specify:

Probationary period: from _____ to _____

Signature

Signature _____ Date _____

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



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Part C (to be completed by the Principal)

Principal's Decision

Following consideration of this application, I am satisfied not satisfied that conditions exist that make it necessary and desirable that

Name of student _____ to be exempt from enrolment at school.

Exemption from enrolment is herewith granted not granted

For the period: from _____ to _____ No of school days _____

Comments

Principal's Signature

Signature _____

Date _____



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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



Mount St Benedict College

For and on behalf of RTO

Name _____ Position _____

Signature _____ Date _____

Employer

Name _____ Position _____

Signature _____ Date _____

Apprentice / Trainee

Name _____ Position _____

Signature _____ Date _____

Part B

Apprentice's Details

Family Name: _____ Given Name (s) _____

Address _____

Postcode _____

Contact No _____ Mobile _____ E-mail _____

Gender: Female At School? Yes No

Aboriginal or Torres Strait Islander? Yes No



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Training Details

Contract Type: Apprentice Employment type: Full Time
 New entrant Trainee Part Time
 Existing Worker Trainee Hours per week: _____

Training Contract dates from: _____ to _____

Vocation Title _____

Qualification Title _____ Qualification Level _____ NTIS

Mode of delivery: Classroom based Other delivery (please specify e.g. distance)
 Electronic based
 Employment based _____

RTO Training Address _____ Postcode _____
(if applicable)

RTO dates: Start _____ Completion: _____

Funding Source: Employer (fee for service) DAAWS Application pending
 Public (ATTP/PPP)
 TAFE Approval date _____

Australian Apprenticeship Centre

ACC _____

Contact No _____ Mobile _____ E-mail _____

Signature _____ Date _____