



# 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 \_\_\_\_\_



# Mount St Benedict College

## **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.



# Mount St Benedict College

**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 17<sup>th</sup> 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***



# Mount St Benedict College

**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

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## Principal's Signature

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Mount St Benedict College

## 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 \_\_\_\_\_

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## Employer

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Apprentice / Trainee

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 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 \_\_\_\_\_