##### This form is to be completed by all students wishing to apply for a School Based Traineeship with Activ Pathways.

##### Details provided in this form will assist our organisation to identify students who meet the eligibility criteria as per the School Based Apprenticeship and Traineeship Policy V4.0, DTWD, Western Australia, (Dec 2014). Please note: This form must be approved by the parent/guardian and endorsed by an authorised school representative.

##### Once the form is complete scan and attach to the online application to proceed.

1. Activ Pathways will check all application details and liaise with applicants if there are any queries relating to the required documentation.
2. Activ Pathways will forward form to Human Resources once the recruitment process is complete and preferred candidate/s have been identified.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student to Complete** | | | | | | | |
| Please tick that you have checked and attached ALL completed documentation as follows: | | | | | | | |
| Completed **Student details** | | | | | | |  |
| Completed Curriculum Council Number | | | | | | |  |
| Read and understood traineeship is for qualification **Certificate III in Individual Support (Disability) CHC33015** and **program structure** | | | | | | |  |
| Has authorised school representative completed **School details** and **signed** in support of your application? | | | | | | |  |
| Has parent/guardian completed **Parent/Guardian Details and consent** section of your application? | | | | | | |  |
| Student Details | | | | | | | |
| Surname | |  | Given Name | |  | | |
| Curriculum Council Number | |  | Current Year of Study *Only accepting Year 9, Year 10 or Year 11* | |  | | |
| Address | |  | | | | | |
| Suburb | |  | | Post Code | |  | |
| Home Phone | |  | Student Mobile |  | | | |
| Email | |  | | | | | |
|  | I have read an understood that this traineeship if for the qualification **Certificate III in Individual Support (Disability) CHC33015**. | | | | | | |
|  | I understand this traineeship is only offered as a one year program. | | | | | | |
|  | I understand this traineeship is only offered for students who are full time secondary school students and will be over the age of 15 when the program starts in 2020 | | | | | | |
|  | I understand this program runs 2 days a week during school terms and may have additional blocks during school holidays. | | | | | | |
|  | I agreed to notify Activ Pathways if I enroll into another Nationally Recognised Qualification and/or Traineeship | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorised School Representative to Complete** | | | | | |
| School/Education Details | | | | | |
| School Name | |  | | | |
| Phone | |  | | | |
| School VET Contact Details | | | | | |
| Name | |  | | | |
| Title/Role | |  | | | |
| Email | |  | | | |
| School Reference To be completed by the Principal, Deputy Principal or VET Coordinator | | | | | |
|  | I/We support this application and consider the student to be VET and work ready and meeting the entrance requirements of the program. | | | | |
|  | The student has demonstrated the minimum standard in the OLNA assessment for Literacy; Reading and Writing; or equivalent | | | | |
| Yes  No | The student has an individual education or risk management plan. The plan/s will be provided to Pathways on request. *Providing this information will help us to put similar plans in place to support the student’s learning and/or keep them safe. Providing this information will not affect the progress of the student’s application.* | | | | |
| Signature | | |  | Date |  |

| Parent/Guardian to Complete | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian Details and Consent | | | | | | |
| Surname | |  | Given Name | |  | |
| Home Phone | |  | Mobile | |  | |
| Email | |  | | | | |
| If my child is successful in gaining a place in this program, I agree to the following: | | | | | | |
|  | I consent to my child enrolling in a traineeship and applying for employment with Activ | | | | | |
|  | I understand that my child must make their own travel arrangements to the training facility and the workplace. I understand that my child will work at a range of workplaces during the traineeship | | | | | |
|  | I understand that my child has to meet all the competencies of the course to be awarded the qualification; otherwise they will be issued with a statement of attainment for the units they have successfully completed. | | | | | |
| Signature | |  | | Date | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY: Activ Pathways to Complete** | | | | | | | |
| **Documentation to be attached/completed:** | | | | **Tick Box** | **Comments (if not provided please provide reason)** | | |
| Completed **Student Details** with **Curriculum Council Number** | | | |  |  | | |
| Completed **School Details** and signed reference by **Authorised School Representative** | | | |  |  | | |
| Completed **Parent/Guardian Details** and **Consent** | | | |  |  | | |
| **Processed by Pathways** |  | **Signature** |  | | | **Date** | \_\_\_/\_\_\_/\_\_\_\_\_\_ |