

NSW Apprenticeship/Traineeship – SBAT Training Plan Proposal

1.1 Apprentice/Trainee Personal Details					
Training Plan	<input type="checkbox"/> New	<input type="checkbox"/> Amended	Date:		
Given Name			Surname		
Date of Birth			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Street Address					
Suburb				State	
Postcode		Telephone		Mobile	
Email					
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
LLN Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
1.2 Training Details					
Contract Type	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Trainee			
TC Start Date		TC End Date			
Vocation Title				VTO ID	
Qualification Title					
Qualification Level			National Code		
Mode of Delivery	<input type="checkbox"/> Classroom based <input type="checkbox"/> Electronic <input type="checkbox"/> Employment based <input type="checkbox"/> Other e.g. correspondence				
RTO Classroom Training Address (if applicable)			State		Postcode
Funding Source	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Government Funded	<input type="checkbox"/> School Sector		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	DAAWS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.3 Apprenticeship Connect Australia Provider (ACAP)					
ACAP					
Contact Name			Email:		
Contact Nos.	Tel:		Mob:		Date:

1.4 Registered Training Organisation 1					
RTO Start Date		Estimated RTO End Date			
RTO Legal Name					
Trading Name					
Contact Name				ABN	
Telephone			Mobile		
RTO National Code		Email			
1.5 Registered Training Organisation 2					
RTO Start Date		Estimated RTO End Date			
RTO Legal Name					
Trading Name					
Contact Name				ABN	
Telephone			Mobile		
RTO National Code		Email			
1.6 Employer Details					
Legal Name				ABN	
Trading Name				Contractors Licence No.	
Street Address					
Suburb			State		Postcode
Contact Name			Mobile		
Email					
Workplace Training Address			State		Postcode
Host Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trading Name			
Regulated Trades – Direct Supervisor Name:				Licence No.	
1.7 School Details					
Name of School			Region/Diocese		
School Suburb			State		
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent <input type="checkbox"/> Other (specify)				
School Contact			Preferred Phone/Mobile		
Email					

1.8 Proposed Formal Training

HSC VET course(s) to be studied for the school-based training component.	NESA VET Course Number:
	NESA VET Course Name:

1.9 Additional Information

Year of School at contract commencement date of traineeship/apprenticeship	<input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12
Does the student have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have specific learning needs? If so, the school sector is to provide the individual learning plan to the RTO.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NESA Student Number:	
Does the course count in the calculation of an Australian Tertiary Admissions Ranking (ATAR)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the student intend to undertake the associated HSC VET examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Calendar year the student will sit the HSC exam for this course:	

School-based Apprenticeships and Traineeships website www.education.nsw.gov.au/sbat

1.10 On-The-Job Training Days Required

Total Required		Days Completed to Date			Total Days Remaining	
Days during:	Year 10	Year 11	Year 12	Post HSC	Total	
School Terms						
Holidays						
Total						

1.11 Proposed Pattern of On and Off-The-Job Training

	MON	TUE	WED	THU	FRI	SAT	SUN
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift work involved	<input type="checkbox"/> Yes <input type="checkbox"/> No						

1.12 Acceptance of Agreement

I, the undersigned, agree that:

- the nominated RTO will support and deliver formal training for this apprentice/trainee in the identified apprenticeship/traineeship vocation, in accordance with the [School Based Apprenticeships and Traineeships in NSW Guidelines](#); and
- the training meets the requirements for the appropriate HSC VET course(s)
- a full Training Plan will be developed by the RTO, in consultation with the employer and apprentice/trainee, within **6 weeks** of approval of the Training Contract by the Commissioner for Vocational Training; and
- formal training and assessment will be undertaken in accordance with the obligations and responsibilities as detailed in the [Apprenticeship and Traineeship Act 2001](#), [Vocational Training Guideline – Training Plan](#), relevant [Vocational Training Order](#) and [Training Package](#).

RTO 1 Signature		Print Name	
Position		Date	
RTO 2 Signature		Print Name	
Position		Date	
Employer Signature		Print Name	
Position		Date	
Apprentice/Trainee Signature		Date	