

## **School Based Apprenticeships and Traineeships Student Application Form**

*The Links to Learning Program is funded by the NSW Government and administered by the NSW Department of Education and Communities.*

### **PARTICIPANT COMMENCEMENT ADVICE FORM**

#### **Privacy Statement – Western Student Connections**

*All personal information collected by Western Student Connections (WSC) on this Advice Form is collected in accordance with the Privacy Act 1988.*

*Western Student Connections collects the personal information provided on this form in order to facilitate Apprenticeships and Traineeships for students. The personal information you provide will be used for:*

- *Completing mandatory forms for School Based Apprenticeship and Traineeship Notifications, Training Contracts and Training Plans*
- *other purposes relating to the administration of the Program*

*All personal information is kept on a secure server at the Western Student Connections head office, Suite 2/ 46 Bultje Street Dubbo NSW 283, and is not used for any purpose other than for this program.*

*All Western Student Connections staff have current Federal Police Checks and NSW Working With Children accreditation.*

Provider:	Western Student Connections		
Participant Commencement	2015	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11
<b>Participant Details</b>			
Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please Specify:
Surname:		First Name:	
DOB:		Gender(M/F):	
Home Number:		Mobile Number:	
House/Unit number		Street Address:	
Suburb:		Postcode:	
<b>School Details</b>			
School Name:		Street Address:	
Postcode:		Contact:	
<b>Details of the School Based Traineeship the Participant is commencing in?</b>			
Type of Traineeship/Industry Area:	Has an employer been found for this student?:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide details:		

**Participant Declaration**

I certify that:

- The information supplied above is correct; and
- I consent to the use of my personal information described in the privacy notice above.

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Parent/Guardian Declaration** (if Participant is under 18 years of age their parent/guardian must sign at commencement)

- I agree to the Participant participating in the activities described in this form.

I certify that:

- The information supplied above is correct; and
- I understand that giving false or misleading information is a serious offence; and
- I consent to the uses of the Participant’s personal information described in the privacy notice below

<b>Name:</b>	
<b>Signature</b>	
<b>Date:</b>	

**School Declaration:**

I certify that:

- the individual records of the Participant and the Participant’s parent/guardian (where applicable) will be held and produced if required;
- I understand that giving false or misleading information is a serious offence; and
- I have documentary evidence to support information contained in this form.

**School Contact:**

<b>Signature:</b>	
<b>Position:</b>	

<b>Name:</b>	
<b>Date:</b>	

**Fax back to Western Student Connections 0268856199**