**SCHOOL BASED TRAINEESHIP EMPLOYER INFORMATION**

If you are interested in employing a School Based Trainee or School Based Apprentice and/or would like further information, please complete the information below.

|  |  |
| --- | --- |
| Employer Legal Name |  |
| Employer Trading Name |  |
| ABN |  |
| Address |  |
| Contact Name |  |
| Phone |  | Mobile |  |
| Fax |  | Email |  |
| Website |  |
| Preferred Apprenticeship Centre (AAC) |  | AAC Contact Name |  |
| (please tick) 🞏 School Based Traineeship |  🞏 School Based Apprenticeship  |
| Industry Qualification |  |

**Please fax this form back to Western Student Connections**

**Fax Number 02 6885 6199**

Thank you for your interest. A Western Student Connections staff member will contact you as soon as possible.