**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.