



Make The Connection

School Based Apprenticeships and Traineeships Program

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 the Make the Connection: Apprenticeships and Traineeships for ALL Students Program. 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	2014	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11
Participant Details			
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:	
School Details			
School Name:		Street Address:	
Postcode:		Contact:	
Details of the School Based Traineeship the Participant is commencing in?			
Type of Traineeship/Industry Area			
Preference 1:	Preference 2:		

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.

Name:	
Signature:	
Date:	

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

Name:	
Signature	
Date:	

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:

Signature:		Name:	
Position:		Date:	

Fax back to Western Student Connections 0268856199