



SCHOOL BASED TRAINEESHIP EDUCATION, TRAINING & EMPLOYMENT SCHEDULE

To enable registration, the **original schedule must be attached to the Training Contract.**
This schedule must be agreed to, signed and a **copy retained by each party.**

STUDENT DETAILS	SCHOOL DETAILS
Student Name:	School Name:
Date of Birth:	Contact Person:
Year Level:	Phone No:
	Sector: Govt ? Independent ? Catholic ? Other ?
REGISTERED TRAINING ORGANISATION DETAILS	EMPLOYER DETAILS
RTO Name:	Business Name:
Contact:	Contact:
Phone No:	Phone No:
VOCATIONAL QUALIFICATION/ NAME OF TRAINEESHIP	
Qualification Code:	Qualification Level:
Qualification Title:	
Name of Traineeship:	

Each of the following 3 sections **MUST** be completed to identify when school study, work and training will occur.

1. PROGRAM OF SCHOOL STUDY	
Subjects undertaken at school:	Alteration to student's timetable to reflect integration of school study, work and training (eg studies 4 subjects, does not participate in Wednesday afternoon sport, attends work and/or training on timetabled day)
1.
2.
3.
4.
5.
6.
2. WORK ARRANGEMENTS	
Parties have agreed to undertake a minimum of 832 hrs of paid work for the duration of the school based traineeship. <i>(Should the space below not be sufficient for outlining work arrangements please attach additional information)</i>	
Agreed number of hours of work per week (NB: must be a minimum 8 hrs/week):	
Days and hours student will be working (eg Wednesday, 9.00am – 5.00pm and Friday, 9.00am – 1.00pm):	
3. FORMAL TRAINING ARRANGEMENTS	
Training session length (eg number of hours per week):.....	
Day/s of training sessions (eg Monday):	
Block training arrangements, if applicable (eg July school holidays):	

We, the undersigned, agree that the school study, work and training arrangements detailed above provide an integrated program for the school based trainee that is in the best educational interests of the student.

School (Principal or authorised delegate)	Trainee/Student	Parent/Guardian
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:
Employer	Office Use Only	
Signature:		
Name:		
Date:		