

# APPLICATION FORM

## For Australian School Based Apprenticeship Program 2008



### Personal Details:

Full Name: ..... D.O.B: ...../...../.....  
Home Address: .....  
..... P/Code: .....  
Postal Address (if different from above): .....  
..... P/Code: .....  
Contact No: H..... Mobile: ..... Email: .....

1. Tax File Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
- If your TFN is yet to be issued, please indicate whether you have applied for your TFN:  Yes Date: ...../...../.....  No

2. Do you have a current Victorian Police Check?  Yes  No  
- If yes, please attach a copy.  
- If no, please indicate whether you have applied for a police check.  Yes Date: ...../...../.....  No

3. Year level in 2008: (you must be 15 years or over)  Year 10  Year 11  Year 12

4. Are you a permanent resident of Australia?  Yes  No

5. Are you able to commit to a minimum of 15 hours per week of combined work and training?  Yes  No

6. What skills or abilities do you believe you have that will enable you to succeed in this program?  
.....  
.....

7. List some of your interests, hobbies, achievements or contributions in areas relating to sport, music, school, community, family.  
(Attach evidence if you wish - copies only)  
.....  
.....

8. Do you have any disabilities or additional needs?  Yes  No  
If so, please provide details: .....  
.....  
.....

If applicable, do you authorise CMC Training at Work to disclose this information to your host workplace?  Yes  No

9. List 3 childcare services that are near your home that you can get to for your work placement.  
.....  
.....  
.....

10. Do you have any child care centre contacts who may be interested in employing you as an ASBA?  Yes  No  
If yes, please provide details: .....  
.....

11. Please list your subject selection for your VCE/VCAL:  
.....  
.....  
.....

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### STUDENT, PARENT/GUARDIAN AND SCHOOL APPROVAL

- ✓ I/we understand that the information provided on this application form:
  - is collected for the purposes of registration, selection, preparing statistics, reporting, program monitoring and evaluation.
  - may be disclosed to and used for these purposes by CMC Training at Work, the Office of Training & Tertiary Education and employers or host workplaces.
- ✓ I/we have read the course information and approve participation for the student named on this form. We agree to meet the requirements of the program.
- ✓ I/we agree that the information provided on this form is true and correct.

### STUDENT AGREEMENT:

Signature: ..... Date: ...../...../.....  
Print Name: .....

### PARENT/GUARDIAN DETAILS & AGREEMENT: *(to be completed by parent/guardian)*

Parent/Guardian's Name: .....  
Contact: H..... W: ..... M: .....  
Email: .....  
Relationship to Student: .....  
Parent/Guardian's Signature: ..... Date: ...../...../.....

### SCHOOL DETAILS & ENDORSEMENT: *(to be completed by school coordinator)*

School Name: .....  
Phone Number: ..... Fax Number: .....  
School Address: .....  
..... PCode: .....  
Coordinator's Name: ..... Position Title: .....  
Contact No: ..... Mobile: ..... Email: .....  
School's Industry Release Day: ..... ← **IMPORTANT**  
School Signature: ..... Date: ...../...../.....  
Printed Name: .....

### You must include with your application:

- ✓ **A letter of support from a teacher** who knows you. We need to know about your maturity, your application to study, your attitude to study and set timelines and any other relevant information. We also need to know if you have any additional learning requirements or other factors that may affect your studies.
- ✓ **Your current resume** showing details of all part time employment and/or school work experience you have had. This needs to show your work experience with children.
- ✓ **A copy of your Victorian Police Check.** If you are waiting on an application, please ensure this is indicated on this form.

**APPLICATIONS DUE:** (1<sup>st</sup> Round): **21<sup>st</sup> September 2007**  
(2<sup>nd</sup> Chance): **9<sup>th</sup> November 2007**

**RETURN TO:** **CMC TRAINING AT WORK**  
**Mail:** 187 Langridge Street, Abbotsford Victoria 3067  
**Fax:** 1300 364 382