



FORM 1285 – SCHOOL PRE-ENDORSEMENT OF AN AUSTRALIAN SCHOOL-BASED APPRENTICESHIP

In order for the employer to be eligible for the Australian School-based Apprenticeship Commencement or Retention Incentive, the Australian Apprentice or employee must have commenced an Australian School-based Apprenticeship endorsed by the school as an integral part of the school program. This form must be used if no other evidence is available, such as an approved State/Territory form. This form is required in South Australia.

This form is to be completed by the **School Principal or VET Leader** once a student has been **offered** an Australian School based apprenticeship or a traineeship but **before** a student signs a Training Contract. (i.e. The Training Contract signature date and/or commencement date cannot be prior to this form’s signature date.)

The content should be agreed by Student, Parent/Guardian, School, Employer, NTO (previously RTO) and Apprenticeship Network Provider.

<p style="text-align: center;">Student</p> <p>Name:</p> <p>School:</p> <p>Year Level:</p> <p>DOB:</p> <p>Phone:</p> <p>Email:</p> <p>Date:</p>	<p>By completing this form, I confirm that, I have discussed this opportunity with my school and agreed that the apprenticeship or traineeship as a school student will contribute to my South Australian Certificate of Education (SACE) pathway or equivalent.</p> <p>Please respond to the following statement: <i>I have considered the apprenticeship or traineeship and believe that this will support my career pathway because ...</i></p>
<p style="text-align: center;">Parent/Guardian <i>This section is only applicable if the student is under 18</i></p> <p>Name:</p> <p>Phone:</p> <p>Email:</p>	<p>By signing this form or providing verbal or written consent I declare that I have discussed the opportunity with my child’s school and am supportive of my child signing up as a school-based apprentice or trainee as detailed below and will support my child to manage their paid employment, school and vocational training requirements as agreed.</p> <p>I acknowledge that undertaking any vocational training may affect future entitlement to subsidised training.</p> <p>For further information please contact Skills SA 1800 673 097</p> <p>Sign/verbal/written: _____ Date: _____</p>

Employers' details

If a Group Training Organisation is planned to be used, please include both the GTO details and the Host Employer in the below section.

Employers Business Name:

Is the employer registered with Traineeship and Apprenticeship Services?

Yes NO: If no refer to ANP of employer's choice to commence the registration process.

Employers Name:

Employers phone number:

Employers Email:

Anticipated start date of the apprenticeship/traineeship:

Anticipated days of work:

Qualification Name, National Code and Certificate level:

NTO (previously RTO):

Minimum Nominal Hours:

Host Employer:

Host Employer Address:

Host Employer Contact Name:

Host Employer phone number:

Host Employer's Email:

Apprenticeship Network Provider details

Provider:

Contact person:

Email:

Phone:

School Contact

Name:

Phone:

Email:

By signing this form, I declare on behalf of the Principal that the school has endorsed the school-based training contract as an integral part of the students' school curriculum and confirms that the student is in year 10, 11 or 12+ and undertaking the SACE or equivalent pathway.

Sign:

Date:

School: provide a copy of this completed form to Apprenticeship Network Provider, employer, and parent/guardian and retain a copy in the student's file.

10/2021

TYIMS Registration ID

Employer's Initials

AA's Initials