

School Based Apprenticeship/Traineeship Student Expression of Interest

Please complete this form and send to Nathan.Doble66@schools.sa.edu.au along with a current copy of your resume.

If you or your parents/guardians would like any additional information please contact:

Nathan Doble – VET/Employment Coordinator, 0417 881 277, Nathan.Doble66@schools.sa.edu.au

Student Name: ✓	Date of Birth:	
Address:		
Mobile Number:	Email:	
School	Year Level:	
Student Details: ✓	Aboriginal/TSI: <input type="checkbox"/>	FLO: <input type="checkbox"/>
	Any medical conditions: (specify)	
Driver's License: ✓	No Licence <input type="checkbox"/>	P's <input type="checkbox"/> Own Vehicle <input type="checkbox"/>
	L's <input type="checkbox"/> – When can you obtain P's?	/ /
Apprenticeship Eligibility Status	Australian Citizen <input type="checkbox"/>	Permanent <input type="checkbox"/> Other (specify) Resident
Work Experience Completed	Company:	Dates:
	Contact Person:	
	Phone Number:	Email:
	Company:	Dates:
	Contact Person:	
	Phone Number:	Email:
Apprenticeship or Traineeship Interest:	What are you interested in and why?	
Casual Work:		
Safety Training:		
SACE Status:	Completed (✓):	Credits/Comments:
	PLP: <input type="checkbox"/>	
	RP: <input type="checkbox"/>	
	Maths: <input type="checkbox"/>	
	English: <input type="checkbox"/>	
	VET: <input type="checkbox"/>	
	Any other information:	
Parent/Guardian Details: ✓	I am aware of my son/daughter's interest in a school based Apprenticeship <input type="checkbox"/>	
	I would like to arrange a meeting to find out more information <input type="checkbox"/>	
Name:	Signature	
Mobile:	Email:	