

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 Resident <input type="checkbox"/>	Other (specify)
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:		