Australian Government
Department of Employment and Workplace Relations

Form 1285

School Pre-endorsement of an Australian School-based Apprenticeship Form

NOTE: This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the Adobe website – get.Adobe.com/reader/

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.

Section 1 | Student Details Section

Given name(s)

Family name

School

Year Level

DOB

USI

Phone

Email

Date

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.

Please respond to the following statement:

I have considered the apprenticeship or traineeship and believe that this will support my career pathway because…

Additional Support: Record any medical condition, disability or learning needs that you may need support with. If none, please record 'N/A'.

Section 2 | Parent/Guardian Details

This section is only applicable if the student is under 18.

Given name(s)

Family name

Phone

Email

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.

I acknowledge that undertaking any vocational training may affect future entitlement to subsidised training.

For further information please contact Skills SA 1800 673 097

Sign/verbal/written

Date

Section 3 | Employer's Details

Is the employer planning on employing directly or via a Group Training Organisation.

- **GTO** - please complete both the GTO details and the Host Employer
- **Direct employment** - please complete the Employer details only

Employer's business name:

Employer's name:

Employer's phone number: Employer's email:

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.)

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:

Section 4 | Apprenticeship Network Provider details

Provider:

Contact person:

Email: Phone:

Section 5 | School Contact

This section is only applicable if the student is under 18.

Given name(s)

Family name

Phone

Email

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

Sign/verbal/written

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.

10/2022 TYIMS/ADMS Registration ID Employer's Initials AA's Initials