Expression of Interest for School-Based Apprenticeship/ Traineeships (SBAT)



Student Name:			Form Class:			Date:
Please complete the following form to apply for undertaking an apprenticeship/traineeship:						
Proposed SBAT Job title: Qual Requ		uired:				
Name and contact details of potential employer		Company Name:				Phone:
		Contact Person:				Email:
Reason						
How will this value to you pathway?	s SBAT add ur future					
If applicable details of we you have up	ork experience					
Current sub	bjects: Application process:					
1. Director of Student Futures will discus for a post-secondary pathway. 2. Current teachers will be asked to prowith the student, observations, common 3. Application is reviewed. A recommer Student Futures and the Director of a consideration by the Head of Second 4. Application outcome is provided with				provommence ommence of Acconda	vide feedback on their experience ents, and overall recommendations. dation is made by the Director of cademic Achievement for final ary.	
Parent Comments:						
Parent's signature:						Date:
Office use	only: Director of S	Student Futu	ures or Director	of Academic	Achi	evement to complete:
Student pathway discussed: • ATAR/VET			Notes:			
Tertiary pre-requisites Student QCE attainment has been checked			Name:			
Subject options have been explored			Date:		Sign	nature:
Application approved by Head of Secondary School: Yes No						
Head of Secondary School signature:						Date:
SBAT Date SBAT agreement sent: Approved Date SBAT agreement received signed:						Date saved on e-student folder: