

# Apprenticeships Info

it's your call 1800 210 210

clever • skilled • creative

email apprenticeshipsinfo@qld.gov.au • or visit www.apprenticeshipsinfo.qld.gov.au • An initiative of the Queensland Skills Plan

## Funding assistance (Not for school-based apprentices and trainees)

Please return the completed form to your nearest district office of the Department of Education and Training (DET). The address, fax and email details can be obtained from DET's Apprenticeships Info Internet website shown above or by telephoning Apprenticeships Info on 1800 210 210.

**THIS APPLICATION CAN BE SCANNED AND E-MAILED BACK TO YOUR NEAREST TRAINING QUEENSLAND DISTRICT OFFICE**

### A. Apprentice or trainee details (to be completed by unemployed apprentice or trainee) PLEASE PRINT

Surname (family name): \_\_\_\_\_ Given names (in full): \_\_\_\_\_

Gender: Male  Female  Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Phone number: \_\_\_\_\_

Current residential address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name of apprenticeship or traineeship: \_\_\_\_\_

Level of apprenticeship or traineeship: \_\_\_\_\_

I understand that I must immediately advise my local Department of Education and Training (DET) district office if I withdraw from, or cease attending, the above mentioned training.

Apprentice or trainee signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### B. Centrelink Use Only (not mandatory)

Is this person registered with Centrelink as an active jobseeker? Yes  No  Centrelink job seeker ID: \_\_\_\_\_

Centrelink stamp:

### C. Registered training organisation details (to be completed by registered training organisation)

Legal name: \_\_\_\_\_ Trading name: \_\_\_\_\_

Business address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact officer: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number (for return of form): \_\_\_\_\_

Details of training (attach modules/competencies to be completed): Attached

Training duration: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Identification with a priority population group has been confirmed – where required. I understand that if a payment is made to the registered training organisation, for which the organisation is not eligible, the registered training organisation may be required to repay that amount to DET.

RTO representative's signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### D. Department of Education and Training details (to be completed by the department)

Registration Number: 2 0 \_\_\_\_\_ Departmental office: \_\_\_\_\_

Date the apprenticeship/traineeship was cancelled \_\_\_ / \_\_\_ / \_\_\_

Contact Officer: \_\_\_\_\_ Designation: \_\_\_\_\_

Approved  / Not Approved  \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Disclaimer—The Department of Education and Training is collecting the information on this form to assess and approve/not approve the applicant's attendance at the supervising registered training organisation. This information is authorised by the Vocational Education, Training and Employment Act 2000. Authorised departmental officers have access to this information and the department usually gives some or all of this information to Commonwealth Government departments or agencies, Australian Apprenticeships Centres and the registered training organisation. Personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.

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