

# SIGN-UP REQUEST FORM

## EMPLOYER DETAILS

Legal Name:			
Trading Name:			
ABN:			
Postal Address:			
Business Address:			
Email Address:			
Contact Person for this workplace:			
Phone:		Email:	

## APPRENTICESHIP/TRAINEESHIP DETAILS

Qualification Code:	Qualification Name:		
Employment Status:	F/T <input type="checkbox"/>	P/T <input type="checkbox"/>	SB <input type="checkbox"/>

*\*Please note for Casual employment there is no provision in the Apprenticeship/Traineeship system*

## APPRENTICE/TRAINEE PERSONAL DETAILS

Apprentice/Trainee Name:		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:
Australian Citizen or Permanent Resident <input type="checkbox"/> - Yes <input type="checkbox"/> - No		
<i>If No, please provide AA's VISA Grant Notice and a copy of Passport to be assessed for approval by DTBI</i>		
New Zealand Passport Holder <i>who has resided in Aus for 6 months or more</i> <input type="checkbox"/> - Yes <input type="checkbox"/> - No		

## REGISTERED TRAINING ORGANISATION

RTO Name (Optional):			
Contact Person:		Contact Phone	

## SIGN-UP PREPARATION CHECKLIST FOR EMPLOYER

*Please note the Training Contract will not be registered until the below information (where applicable) is provided.*

- The Apprentice/Trainee will be required to present photo ID at the sign-up, or a Bank Card and Medicare Card.
- If the Apprentice/Trainee has undertaken any prior qualifications the Apprentice/Trainee will need to provide the qualification name and commencement and completion dates Month & Year
- Has the Apprentice/Trainee previously worked as an Apprentice/Trainee, If yes, the Apprentice/Trainee will need to provide the Employer Name, Qualification Title, Commencement Year.

## EMPLOYER DECLARATION

As the authorised representative I confirm that the information provided is true and correct and approve for the sign-up to proceed.

Employer Representative \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_