

Sign Up Request Form (AAN-FO001-17)

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"/>
<i>*Please note there is no provision for Casual employment in the Apprenticeship/Traineeship system</i>			

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 prior to the sign up</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

- If the legal name is a Trust, Trustee documentation will be required to be provided to AANNT at the sign up. ***Please note the Training Contract cannot proceed without this documentation.**
- 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.
- The Apprentice/Trainee will be required to present photo ID at the sign-up, or a Bank Card and Medicare Card. ***Please note the Training Contract cannot be registered until the ID is provided.**
- Apprentice/Trainee Bank Account Details will be required.

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: _____

OFFICE USE ONLY

- Gateway Officer to check TYIMS for client entry, if yes, enter Commence Apprenticeship Entry
- Record Entry on Commence Apprenticeship Spreadsheet