

Education, training and employment schedule

Version 3, June 2010

The Education, training and employment schedule is required to show that the student's school endorses participation in the school-based apprenticeship or traineeship. It also demonstrates how the apprenticeship or traineeship will impact on the student's school timetable. This schedule must be agreed and signed by all parties. All parties should retain a copy of the schedule and a copy should be attached to the training plan.

Privacy Statement - The Department of Education and Training (DET) is collecting the information on this form in accordance with *Information Privacy Act 2009 (Qld)* to manage the administration of a school based apprenticeship or traineeship. Where the personal details provided, such as address, differ from the details already held by DET this information will be used to update the personal details in DET's DELTA database. The information will be accessed by authorised employees or contractors within DET. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Student details	School details
Name: _____	School name: _____
Date of birth: _____	Contact person: _____
Year level: _____ Gender: _____	Telephone: _____ Fax: _____
Permanent residency: No <input type="checkbox"/> Yes <input type="checkbox"/>	Sector: Government <input type="checkbox"/> Independent <input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/>
Equity status	Overall position (OP) eligibility
Disability No / Yes – type of disability _____	Are you eligible for an OP? No / Yes
Student from a non-English speaking group No <input type="checkbox"/> Yes <input type="checkbox"/>	Learner Unique Identifier (LUI) _____
Aboriginal or Torres Strait Islander student No <input type="checkbox"/> Yes <input type="checkbox"/>	Vocational qualification
Woman in a non traditional area No <input type="checkbox"/> Yes <input type="checkbox"/>	Qualification code: _____
Student in a remote / rural area No <input type="checkbox"/> Yes <input type="checkbox"/>	Qualification level: _____
Student with language/literacy/numeracy needs No <input type="checkbox"/> Yes <input type="checkbox"/>	Qualification title: _____
Supervising registered training organisation	Employer
Name of organisation: _____	Name: _____
Contact: _____	Contact: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____

Each of the following sections MUST be completed to identify when school study, work and training will occur. (If there is insufficient space on this form, please attach all relevant details.)

1. Program of school study	
Subjects undertaken at school: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Alteration to student's timetable to reflect integration of school study, work and training (eg studies 4 subjects, does not participate in Wednesday afternoon sport, attends work and/or training on flexible timetabled day): _____ _____ _____
2. Work arrangements – A minimum 48 days paid work for each year of apprenticeship or traineeship is required (80 days for Electrotechnology).	
The parties have agreed the apprentice or trainee will undertake a minimum 48 days paid work (80 days for Electrotechnology) for each year of the apprenticeship or traineeship: YES <input type="checkbox"/> Nominal hours of work per week (eg 7¼ hours): _____ Day(s) of work per week (eg Thursday): _____ NO <input type="checkbox"/> The Department of Education and Training (Training and Employment Recognition Council) has approved that this employer provides a minimum of _____ days of paid work for each year of the school-based apprenticeship or traineeship.	
3. Training arrangements	
Training session length (eg hours per week/fortnight/month): _____ Day(s) of training sessions: _____ Block training arrangements (eg June school holidays): _____	

We, the undersigned, agree that the school study, work and training arrangements detailed above provide an integrated program for the school-based apprentice or trainee that is in the best educational interests of the student.

School Principal	Apprentice or trainee	Parent or guardian
Signature: _____	Signature: _____	Signature: _____
Date: _____ / _____ / _____	Date: _____ / _____ / _____	Date: _____ / _____ / _____
Employer	Supervising registered training organisation	OFFICE USE ONLY
Signature: _____	Signature: _____	
Date: _____ / _____ / _____	Date: _____ / _____ / _____	

Fax the completed and signed schedule to the relevant schooling sector: Association of Independent Schools, fax (07) 3228 1595
Qld Catholic Education Commission, fax (07) 3229 0907. Education Queensland does not require this form faxed to head office.