

Host Employer Registration Form

Host Employer Details

Business Name:		ABN:	
Legal Name:			
Address:			
Manager :		Phone:	
Email:			
Accounts Contact:		Phone:	
Email:			

Position Details

Placement Type:	<input type="checkbox"/> SBAT Minimum number of hours _____	<input type="checkbox"/> Apprentice <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<input type="checkbox"/> Trainee <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Placement Start Date:			
Position Title:			
Position Duties:			
Award:			
Work day(s):		Time(s):	
Nominated Supervisor:		Phone:	
Licence required:	Yes/ No	Minimum Classification:	
Employer Candidate Criteria & Preferences:			

Leave considerations

RDO?	Yes/ No	Cycle/ Schedule of RDOs:	
Yearly shut down?	Yes/ No	Typical date and timeframe:	
Business peak period(s):			
Business quiet period(s):			

Registered Training Organisation

Provider:			
RTO Fees:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Upfront	<input type="checkbox"/> Trainee
Qualification:	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III
Course Name:			
Contact Name:			
Phone:			
Email:			
Course Details			
Days for attendance:		Equipment required:	
Course start date:		Where to buy equipment:	
Enrolment date/time:		Other:	

Australian Apprenticeship Support Network

AASN Centre:	
Contact Name:	
Phone:	
Email:	

Candidate

Name:		Date of Birth:	
Address:		Mobile:	
School (SBAT) :		Current Year:	
Non SBAT candidates:			
Have they left school?	Yes/ No	Are they registered with Job Active?	Yes/ No
When did they leave school?		Are they receiving Centrelink benefits?	Yes/ No
What was the last year completed?		Do they have a disability?	Yes/ No
What is their highest qualification?		Are they Aboriginal or Torres Strait-Islander?	Yes/ No

Notes
