|  |  |
| --- | --- |
| **Application to undertake full-time employment and/or training**  For students under the age of 17 who have completed Year 10 of Secondary education | **A5** |

|  |
| --- |
| **INFORMATION** |
| * A student who completes Year 10 of secondary education and is still under the age of 17 years, must continue to attend school or be engaged in one of the following: * Full-time study in   + - a VET accredited course within the meaning of the [*National Vocational*](http://www.austlii.edu.au/au/legis/cth/num_act/nveatra2011492/?stem=0&synonyms=0&query=21B)[*Education and Training Regulator Act 2011*](http://www.austlii.edu.au/au/legis/cth/num_act/nveatra2011492/?stem=0&synonyms=0&query=21B)of the Commonwealth, (with TAFE or a private Registered Training Organisation)     - a higher education course within the meaning of the [*Higher Education Act*](http://www.austlii.edu.au/au/legis/nsw/consol_act/hea2001153/?stem=0&synonyms=0&query=21B)[*2001*](http://www.austlii.edu.au/au/legis/nsw/consol_act/hea2001153/?stem=0&synonyms=0&query=21B) * Full‐time paid employment or * A combination of study, training and paid employment, such as an Apprenticeship or Traineeship on a full-time basis * Full-time is regarded as an average of not less than 25 hours per week. * If the full-time employment or combination of employment and study ceases or falls below an average of 25 hours per week, he/she does **not** have to return to school/ TAFE as long as the interruption does not exceed 3 months in any 12 month period. * If the principal becomes aware that the student is still under the age of 17 and is no longer in full-time paid work or in a full-time combination of work and study for a period longer than 3 months in a 12 month period, then the principal is obliged to inform the CEDP for referral of the matter to the Department of Education and Communities. |

|  |  |
| --- | --- |
| **Checklist for Approval** | **Yes/No** |
| 1. The student has complete Year 10 but has not turned 17 years of age and wishes to leave school to enrol in full-time study at TAFE or another Registered Training Organisation; undertake a combination of full-time work and study through an Apprenticeship/Traineeship; or participate in full-time work. |  |
| 1. The parent/s complete and sign this form (Form A5) |  |
| 1. A completed and signed Training Plan and Training Contract are to be attached to this application if the student is undertaking a full-time combination of approved education or training and paid work (Apprenticeship/Traineeship). |  |
| 1. The principal considers that, in all the circumstances, the student is a suitable candidate to leave school and their notified intentions meet the requirements of the Education Act, so completes and signs this form (*Form A.5*). |  |
| 1. The school keeps a record of application on FACES and uploads a copy of forms. A hard copy of all completed forms is kept in the student’s file. |  |
| 1. The student’s destination is entered into the enrolment notes field in the Enrolment Record and the student is removed from the school attendance register. |  |

|  |
| --- |
| **Part A**  **To be completed by parent/caregiver** |

|  |
| --- |
| **School Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School name |  |  | Suburb |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person |  |  | Phone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mobile |  |  | Email |  |

|  |
| --- |
| **Student Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name |  |  | Given name(s) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  |  | Postcode |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth | / / | Age |  | Enrolment Registration Number\* |  |
|  |  |  |  |  | *\*School to provide* |

|  |  |  |
| --- | --- | --- |
| Date of completion of Year 10 | / / |  |

|  |
| --- |
| **Reason for leaving this school:** (Please tick one box only and complete the relevant section) |

* **1. Enrolling full-time in a TAFE or other Registered Training Organisation (RTO)**

|  |  |
| --- | --- |
| Qualification being undertaken |  |

|  |  |
| --- | --- |
| Name of TAFE or RTO |  |

|  |  |
| --- | --- |
| Address of TAFE or RTO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact at the TAFE/RTO (print name) |  | Phone |  |

|  |
| --- |
| Is your child’s enrolment in the TAFE / RTO confirmed? Yes  ◻ No  ◻ |

|  |  |
| --- | --- |
| Date of Commencement at the TAFE / RTO | / / |

***Note:*** *Please be aware that we are required to confirm your child’s enrolment with the TAFE / RTO*

* **2. Undertaking a full-time combination of approved education or training and paid work (Apprenticeship/Traineeship)**

***Note:*** *A completed and signed Training Plan and an Apprenticeship Contract are to be attached to this application.*

* **3. Participating in full-time paid work**

**Employer Details**

|  |  |
| --- | --- |
| Legal Name |  |

|  |  |
| --- | --- |
| Trading Name |  |

|  |  |
| --- | --- |
| ABN |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Workplace address (if different) |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person (print name) |  | Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile |  | Email |  |

|  |
| --- |
| Is the employment full-time (an average of at least 25 hours per week)? Yes  ◻ No  ◻ |

|  |
| --- |
| Is this paid work? Yes  ◻ No  ◻ |

|  |
| --- |
| Briefly describe the nature of the employment: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employer |  | Date | / / |

|  |
| --- |
| **Parent / Caregiver Details and Signature** |

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given name(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to student |  | Contact Telephone |  |

As the parent/caregiver of the above mentioned student, I agree that, should my child,whilst still under the age of 17, cease to be engaged in full-time paid work for an average of at least 25 hours per week, or cease to participate in a combination of approved education or training and paid work, I will notify the school in writing within one week of the change of circumstances.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Caregiver’s signature |  | Date | / / |

|  |
| --- |
| **Part B**  **To be completed by the Principal** |

|  |  |  |
| --- | --- | --- |
|  | ***School use only*** |  |
| **Principal’s Signature** | |

Following consideration of this application, I am satisfied that conditions exist / do not exist (please circle) which meet the above requirements of the Education Act.

|  |
| --- |
| Comments |

|  |  |  |
| --- | --- | --- |
| Date ‘Student Destination’ details entered into the Enrolment Register (SAS2000) | Date | / / |

|  |  |
| --- | --- |
| Principal’s Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal’s signature |  | Date | / / |