



Catholic Education: SBA Program

"Building community partnerships through school-based apprenticeships"

24 Charnley Street (PO Box 756), TOOWOOMBA QLD 4350

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EXPRESSION OF INTEREST

Please print clearly in Black pen & complete all relevant sections. Return to the VET Co-ordinator

STUDENT INFORMATION						
FULL NAME						
POSTAL ADDRESS						
PHONE	Home			Mobile		
E-MAIL ADDRESS	(school e-mail preferred)					
SCHOOL				YEAR LEVEL IN 2014		
DATE OF BIRTH						
GENDER	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	LUI NUMBER	
OP ELIGIBLE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	BOARDING STUDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
Aboriginal/Torres Strait Islander Student	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	English as a Second Language Student	YES <input type="checkbox"/> NO <input type="checkbox"/>
Subjects studying at school in 2014:						
1			5			
2			6			
3			7			
4			8			
PARENT / GUARDIAN INFORMATION						
NAME						
PHONE	Home			Mobile		
E-MAIL ADDRESS						

COMPLETE EITHER SECTION A OR B

SECTION A: Please contact the following employer as a potential SBA employer for me			
Business Name:			
Contact Person:		Phone No:	
This employer has offered me an SBA			YES <input type="checkbox"/> NO <input type="checkbox"/>
I have spoken with this employer and they would like additional information			YES <input type="checkbox"/> NO <input type="checkbox"/>
I have completed work experience with this employer			YES <input type="checkbox"/> NO <input type="checkbox"/>

OR

SECTION B : I am interested in the following industries:		
1	2	3

I have attached my resume	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have discussed looking for a SBA with my parents/guardians	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have applied for a Tax File Number in preparation for employment	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have a White Card (Safety Induction compulsory for construction industries)	YES <input type="checkbox"/> NO <input type="checkbox"/>

Student signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

VET Co-ordinator signature _____

Date: _____