

SIGN-UP REQUEST FORM



EMPLOYER DETAILS

Employer Name:			
ABN:			
Postal Address:			
Business Address:			
Contact Person:		Contact Phone	
Email Address:			
Supervisor Name:			

APPRENTICE/TRAINEE DETAILS

Commencement <input type="checkbox"/>	Recommencement <input type="checkbox"/>		
Apprentice/Trainee Name:			
Commencement Date:	<i>*Please note backdate period for Training Contracts is 28 days</i>		
Qual Code:	Qualification Name:		
Employment Status: F/T <input type="checkbox"/>	P/T <input type="checkbox"/>	*SB <input type="checkbox"/>	<i>please note AA cannot be employed Casually</i>
		Is AA on a VISA? Yes <input type="checkbox"/>	No <input type="checkbox"/>
*SB AA:	Parent/Guardian Contact:	Contact No.:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:	Aboriginal / Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>
Citizenship: Australian <input type="checkbox"/>	New Zealand <input type="checkbox"/>	Other <input type="checkbox"/>	Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth:	Language	English <input type="checkbox"/>	Other:
Phone/Mobile No.	Email Address:		
Residential Address			
Postal Address:			

Please attached a copy of the Apprentice/Trainees current Photo ID, if photo ID is not available two forms if ID will be required i.e Bank Card & Medicare Card – please ensure that name on the ID matches the Apprentice/Trainee details above.

EDUCATION & PRIOR QUALIFICATIONS

Highest Level Completed at School	Yr 9 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	Yr 12 <input type="checkbox"/>	Month:	Year:
Prior Qualifications:						
Year Commenced:		Year Completed:				

EMPLOYMENT DETAILS

Type of Employment Arrangement (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Award	Australian Workplace Agreement	State Awards	State Workplace Agreement	Certified Agreement	Other
Name of Agreement/Award						

REGISTERED TRAINING ORGANISATION

RTO NAME			
Contact Person:		Contact Phone	

Please email to Australian Apprenticeships NT signups@aannt.com.au along with a copy of Apprentice/Trainee ID.