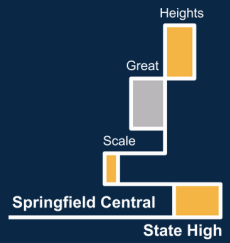


2024 SCHOOL BASED APPRENTICESHIPS AND TRAINEESHIPS (SBAT)



EXPRESSION OF INTEREST FORM

Student's Name :

Care Class :

USI Number :

CAREER PATHWAY

Building

IT/Computers

Automotive

Business

Beauty

Hospitality

Retail

Health

Other:

PREFERENCES:

Course 1 :

Location :

Course 2 :

Location :

PARENT CONSENT

I (Parent/Guardian) have read the above information about participation in a school based traineeship/apprenticeship and would support my child to pursue this pathway.

In particular I understand that

- Transport to and from the workplace is a family responsibility
- Absences must be reported to the workplace and the Pathways office
- Exam conflicts need to be reported as soon as known so alternate arrangements can be negotiated

SIGNATURES

Parent/Carer Name :

Parent/Carer Signature :

Date :