

STUDENT DECLARATION

I, _____ declare that the information I have provided is true and accurate to the best of my knowledge.
I also agree that I wish to commence an Apprenticeship or Traineeship to complete my qualification.

Applicant's Signature _____

Date ____/____/____
(dd/mm/yy)

EMPLOYER DETAILS

Legal Name: _____

Contact Person: _____

Position: _____

Address: _____

Trading Names: _____

Home/Work Phone: _____ Mobile Phone: _____

ABN: _____

Email Address: _____

EMPLOYER DECLARATION

As the employer I approve this expression of interest with the intention of signing this employee onto a training contract for the qualification of their choice.

Name: _____

Signature: _____

Date ____/____/____
(dd/mm/yy)

FOR STANLEY COLLEGE OFFICE USE ONLY

Forwarded to Traineeship Coordinator

Date: _____

Stanley College Staff Member Name: _____

Stanley College Staff Member Signature: _____

Notes: _____

Note: Please attach the organisation's business card to this form