Navigating Future Pathways

ASbA *Traineeship / Apprenticeship Pre Approval form*

Government of South Australia
Department for Education and Child Development

Student

Name_____

Year level_____

- I am aware that I am about to enter into a Traineeship or Apprenticeship that will affect my SACE pathway. I acknowledge that I have responsibilities as well as rights, in my job, in training and at school.
- I have attached a written statement outlining how this opportunity will assist me on my Career pathway.
- Hours per week sought _____
- Employer _____Contact _____

Student _____ Date _____

Parent

Name _____

Contact Phone _____

- My child and I have discussed this opportunity and I support it.

Parent _____ Date _____

VET / SACE Leader

Name _____

School _____

- This Apprenticeship /Traineeship is an appropriate opportunity.
- I have counselled the student and parent with regard to a supporting learning plan and SACE pattern.
- VET recognition register SACE Credits: Min _____ Max _____
- Qualification _____
- RTO _____

Leader _____ Date _____

1300 627 628 mas NATIONAL

08 8424 3200 MEGT

1300 363 831 APPRENTICESHIP support AUSTRALIA

CPM: Karen Skinner Dianne Fitzgerald

Phone 0437062547 0409 799 493