

Further Education and Training Act 2014

#### ATF-023

# Education, Training and Employment Schedule (ETES) for school-based apprenticeships and traineeships (SATs)

## Using this ETES template

It is a requirement for each school-based apprenticeship and traineeship that the employer, apprentice/trainee, school and supervising registered training organisation (SRTO) discuss and negotiate the responsibilities and obligations of each party in respect of how the school-based arrangement will operate. All the parties need to agree on how the apprenticeship/traineeship will impact on the student's school timetable, and ensure the quantities of work and SRTO training meet requirements. The agreed arrangements must be captured in a way that can be reviewed by the Department of Trade, Employment and Training (DTET), if required.

This template is provided to assist the stakeholders to record the agreed arrangements for integrated school studies, workplace training and training delivered by the SRTO. The individual school sectors may determine whether or not they require their schools to use this template or capture the details in some other way.

The stakeholders should retain a copy of the agreed arrangements for reference. A copy may be attached to the apprentice/trainee's training plan or training record.

If there is a change in circumstances which will have an on-going impact on the student's school, work and training obligations, the parties must be informed and agree to any amendments to the schedule.

Further information can be found at <u>www.desbt.qld.gov.au/training/apprentices</u> or by phoning Apprenticeships Info on 1800 210 210.

### Work, training and school impact assessment

A SAT is a contract of training and paid employment where a school student's timetable or curriculum reflects a combination of work, training and school study, which together lead to the award of a Queensland Certificate of Education (QCE) or the equivalent and progress towards completion of a nationally recognised qualification, as well as skilled trade or vocation.

To be registered as a SAT, the training and/or work elements of the apprenticeship or traineeship **MUST** impact on the student's school timetable. This may occur in the following manner:

- paid employment undertaken during normal school hours
- training undertaken during normal school hours
- reducing the number of subjects studied to allow the student to work and/or train.

**Note:** Employers are required to provide school-based apprentices/trainees with a **minimum** of 375 hours (50 days) paid employment over each 12 month period. Electrotechnology school-based apprentices are required to be given a minimum of 600 hours (80 days) of paid employment over each 12 month period. For a school-based trainee to be eligible for completion they **MUST** have met the minimum paid employment requirement of 50 days of paid employment for each year of the equivalent full-time nominal term of the traineeship. The nominal term is based on the duration (months) as indicated on QTIS for a full time training contract specific to the traineeship.

The work, training and school impact assessment should indicate for each school period, whether the student will be undertaking a specified school subject, paid work activities (indicate with a W), or undertaking apprenticeship/traineeship training activities (indicate with a T).

## **Queensland Government contribution to training cost**

Apprentice Connect Australia Providers and SRTOs must ensure that all parties are aware of the implications on Queensland Government subsidised funding, particularly as it pertains to apprentices and trainees accessing multiple government contributions. Apprentices and trainees, including school-based, can receive only a maximum of two government contributions; a second qualification will be funded only if it is a Priority One qualification, has a higher priority ranking than the first qualification that has been completed, or was undertaken subsequent to a student having completed a qualification under the Skilling Queenslanders for Work initiative or the Group Training Organisation Pre-Apprenticeship Program.

Students must make informed decisions about which qualifications they undertake as the decision will affect their access to further Queensland Government subsidised funding.

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Page 1 of 4

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Further Education and Training Act 2014

#### ATF-023

Further information regarding the funding of https://desbt.qld.gov.au/training/providers/funded/userchoice

apprenticeships

and

traineeships is available at

#### Learner Unique Identifier (LUI)

A Learner Unique Identifier (LUI) is a 10-digit number issued by the Queensland Curriculum and Assessment Authority (QCAA) to young Queenslanders when they are registered for a Queensland Certificate of Education (QCE) during Year 10 or in the 12 months before they turn 16 years old. The LUI links to a student's learning account which records senior secondary enrolments and results, as well as when and where the student studied. A LUI is different to a school ID.

LUI validations by a supervising registered training organisation identify LUI and student detail inconsistencies against QCAA records, and can also identify students who require a LUI where one has not been provided. All activity that is reported to DTET that includes valid LUIs, and is error free, is regularly submitted to QCAA on behalf of SRTOs.

#### Unique Student Identifier (USI)

All students engaged in nationally recognised training need to have a Unique Student Identifier (USI). This includes students doing Vocational Education and Training (VET) when they are still at school.

The USI is a lifelong education number made up of ten numbers and letters that:

- creates a secure online record of a student's VET achievements, regardless of where in Australia they completed the program
- provides access to a student's training records and VET transcripts, which can be used when applying for a job, seeking a credit transfer, or demonstrating pre-requisites when undertaking further training
- can be accessed by the student online, anytime and anywhere, providing students more control over their VET information
- is free and easy to create.

For a student to create a USI, or if a student wishes to find their USI, go to https://www.usi.gov.au/students/get-a-usi

Alternatively, students may give permission to an SRTO to apply for a USI on their behalf. SRTOs applying for a USI on behalf of the student must provide the student with a privacy notice explaining how their personal information will be used.

SRTOs must protect USI information from misuse, interference and loss or unauthorised access, modification and disclosure.

The privacy of individuals in the USI initiative is protected under the *Student Identifiers Act 2014* (Cth) and the *Privacy Act 1988* (Cth).

#### https://www.usi.gov.au/about-us/privacy

There are strict requirements in relation to the collection, storage, and use of a student's USI. To ensure a student's unique identifier is protected from misuse and unauthorised access and disclosure, the USI is not to be recorded on this form.

unless you have given us permission or it is required or authorised by law.

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Page 2 of 4



Further Education and Training Act 2014

ATF-023

#### This section may be used to indicate the agreement of the stakeholders.

| STUDENT DETAI  | LS AI  | ND DECLAR   | ATION   |   |                      |                        |                      |          |                    |                   |              |            |             |
|--|--|---|---|---|----------------------|------------------------|----------------------|----------|--------------------|-------------------|--------------|------------|-------------|
| Name:  |  |   | Learner<br>(LUI):                                   |   |                      |                        |                      |          |                    | Unique Identifier |              |            |             |
| Phone number:  |  |   | Email:  |   |                      |                        |                      |          |                    |                   |              |            |             |
| Date of birth:   |  |   | School y  | ear leve  | l:                   | Is the s<br>□ No [     | tudent ATAF<br>│ Yes | R eligit | ole?               |                   |              |            |             |
| Gender identity: 🗌 Male 🗌 Female 🗌   |  |   |   | lon-binary 🗌 I use a different term 🗌 I do not wish to answer the d |                      |                        |                      |          |                    | uestion           |              |            |             |
| By signing this decla<br>I have been ful<br>I have been ful<br>Government su       | ly infor<br>ly infor                         | med, and am a   | act my underta                                      | aking this  | school-based app     |                        |                      | o may h  | ave on my eligib   | ility for any     | / future Que | eensland   |             |
| Student signatur   | e:   |   |   |   |                      |                        |                      |          |                    | Date:             |              |            |             |
| SRTO DETAILS A   | ND C   | DECLARATIC  | N   |   |                      |                        |                      |          |                    |                   |              |            |             |
| SRTO name:   |  |   |   |   |                      |                        |                      | Со       | ntact person:      |                   |              |            |             |
| Phone number:  |  |   | Fax nu  | mber:   |                      | Cor                    | ntact email:         |          |                    |                   |              |            |             |
|  | s been<br>rmed t<br>Queens                   | fully informed on the student and   | their parent of                                     | r guardiar  |                      | t this scho            |                      | nticesh  | ip or traineeship  |                   | on the stu   | dent's ab  | ility to    |
| SRIO signature:  | SRTO signature:                              |   |   |   |                      |                        |                      |          |                    | Date:             |              |            |             |
| SCHOOL DETAIL  | S AN   | D DECLARA   | TION  |   |                      |                        |                      |          |                    |                   |              |            |             |
| School name:   | _  |   |   |   |                      | Phon                   | e number:            |          |                    | Fax number:       |              |            |             |
| Contact person:  |  |   |   | Position:   |                      |                        |                      |          |                    |                   |              |            |             |
| Contact email:   |  |   |   |   |                      | Educ                   | ation sector:        | 🗌 Go     | overnment 🗌        | Indepen           | dent 🗌 C     | Catholic   | ; 🗌 Other   |
| By signing this decla  | ration                                       | I attest that the   | undertaking of                                      | f this scho   | ol-based apprenti    | ceship or              | traineeship WII      | L impa   | ict on the school  | timetable         | of the nam   | ed studer  | ıt.         |
| Principal or deleg   | gate s                                       | signature:  |   |   |                      |                        |                      |          |                    | Date:             |              |            |             |
| PARENT OR GUA  | ARDIA  | AN DETAILS  | AND DECLA   | ARATIO  | N                    |                        |                      |          |                    |                   |              |            |             |
| Name:  |  | Phone number:   |   |   |                      |                        |                      |          |                    |                   |              |            |             |
| Email:   |  |   |   |   |                      |                        |                      |          |                    |                   |              |            |             |
| By signing this decla<br>• I have been ful<br>future Queensl<br>• I, and the above | ly infor<br>and G                            | med, and am a overnment subs  | sidised funding                                     | ,<br>for appre  | enticeship or traine | eship trai             | ning.                | •        | ·                  |                   |              |            |             |
| Parent or guardian signature:  |  |   |   |   |                      |                        |                      |          |                    | Date:             |              |            |             |
| EMPLOYER DET   | AILS   | AND DECLA   | RATION  |   |                      |                        |                      |          |                    |                   |              |            |             |
| Trading name:  |  |   |   |   |                      | Phon                   | e number:            |          |                    | Fax nu            | umber:       |            |             |
| Address where s  | tuder  | nt will be wor  | king:   |   |                      |                        | 1                    | -1       |                    |                   |              |            |             |
| Contact person:  |  |   |   |   |                      |                        | Position:            |          |                    |                   |              |            |             |
| Contact mobile n   | umbe   | ər:   |   | С   | ontact email:        |                        |                      |          |                    |                   |              |            |             |
|  | ed stuc<br>inue to<br>ed;<br>dertak<br>datab | lent will be paid<br>employ and tra<br>ing an Electrote<br>ase for this app | ain the aboven<br>echnology app<br>prenticeship; ar | named stu<br>renticeshi<br>nd                                       | dent in paid emplo   | oyment on<br>met the r | n completion of t    | formal s | as outlined in the | e Queensl         | and Informa  | ation Trai | ining       |
| Employer signature   | :  |   |   |   |                      |                        |                      |          |                    | Date:             |              |            |             |
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| vacy Notice – The Depa   |  |   | nent and Training                                   |   |                      |                        | •                    |          | formation on       | STAR              | R            |            |             |

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#### ATF-023

#### This section may be used to indicate details of the arrangements to which the stakeholders have agreed.

| Student name:   |                                |                            |   | Apprentice Connect<br>Australia Provider: |   |                 |               |                      |                     |             |  |  |
|---|--------------------------------|----------------------------|---|---|---|-----------------|---------------|----------------------|---------------------|-------------|--|--|
| Qualification co  | ode:                           | Qualificatio               |   |   | name:   |                 |               |                      |                     | AQF level:  |  |  |
| WORK, TRAINING and SCHOOL IMPACT ASSESSMENT   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Enter school subject or activity (use W for work or T for training with the SRTO)   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| SUNDAY  | MONDAY<br>BEFORE SCHOOL        | TUESE                      | DAY   | WEDNES                                    | EDNESDAY THURSDAY FRIDAY                              |                 |               |                      | SAT                 | URDAY       |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   | COMMENCEMENT O                 | COMMENCEMENT OF SCHOOL DAY |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   | MORNING BREAK                  | 1                          |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   | LUNCH BREAK                    | 1                          |   |   |   |                 | Т             |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   | AFTER SCHOOL                   | 1                          |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Does the student l  | have language/literacy/nun     | peracy peeds?              |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                | -                          |   |   | disability t  | vne:            |               |                      |                     |             |  |  |
| Does the student have disability needs? No Yes If yes, please identify the disability type:   Is the student of Abasising or Torres Strait belonder arisin? No Yes Yes  |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Is the student of Aboriginal or Torres Strait Islander origin? No Yes I am of Aboriginal origin Yes I am of Torres Strait Islander origin<br>Note: Use the below space to include any additional information to reflect the impact of work and training on the student's school timetable. (Attach additional documents, if necessary.) |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Note: Use the below   | space to include any additiona |                            | renect the impac  |   | training on t   | ne student s st | choor timeta  | ble. (Attach additio | onal documents, n   | necessary.) |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| APPRENTICESH  | HIP OR TRAINEESHIP D           | ETAILS (SRT                | O to complete   | e, only if the                            | SRTO will o   | deliver traini  | ng)           |                      |                     |             |  |  |
| Detail the number   |                                |                            |   | Provide detai                             | details in Expected Schedule of Training table below. |                 |               |                      |                     |             |  |  |
| Detail the number of <u>training</u> hours per day:   |                                |                            | undertaken through<br>block release? INO. Please detail how training will |   |   |                 |               | g will be delive     | be delivered below: |             |  |  |
| Is this apprenticeship or traineeship qualification funded  |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| under a Queensla  | nd subsidised program?         | ] No 🗌 Yes                 |   |   |   |                 |               |                      |                     |             |  |  |
| Expected Sched  | Dected Schedule of Training    |                            |   | ek 2 Week 3                               |   |                 | <b>M</b> (a.a | <b>I</b> - 4         | We als              | <b>r</b>    |  |  |
| Jan   | Week 1                         | vve                        | ek 2  |   | Week 5  |                 | Week 4        |                      | Week 5              |             |  |  |
| Feb   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Mar   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Apr   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| May<br>June   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
|   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| July  |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Aug   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Sep   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Oct   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Nov   |                                |                            |   |   |   |                 |               |                      |                     |             |  |  |
| Dec   |                                |                            | <u> </u>  |   |   |                 |               |                      |                     |             |  |  |
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