**VETiS Program**

**SCHOOL-BASED APPRENTICESHIPS, TRAINEESHIPS**

**AND STRUCTURED WORKPLACE LEARNING**

**ACCESS AND EQUITY SUPPORT FORM**

***PLEASE READ THE GUIDELINES BEFORE COMPLETING THE FORM***

***\*Please print details***

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| **Section 1: School Details** | | | | | | | | |
| Catholic School Authority | |  | | | | | | |
| Name of school | |  | | | | | | |
| School address | |  | | | | | | |
| Principal’s name | |  | | | | | | |
| School contact | |  | | | | | | |
| Phone number and email address | |  | | | | | | |
| **Section 2: Student Details** | | | | | | | | |
| Student name | | |  | | | | | Year Level: |
| Traineeship/Apprenticeship placement | | |  | | | | | |
| Registration number | | |  | | | | | |
| Structured Workplace Learning placement | | |  | | | | | |
| **Section 3: Eligibility-** Students with disability eligible for support must meet the criteria under the Education Adjustment Program (EAP) | | | | | | | | |
| Category of disability (e.g. hearing impairment) | | | | |  | | | |
| Individual Education Plans (or equivalent), refer to the activity and support requested. ***(Please attach)*** | | | | | YES NO | | | |
| **Section 4: Further assistance required** | | | | | | | | |
| Identify the student’s difficulties/barriers to access the workplace and/or school-based apprentice/traineeship.  How will further assistance help to overcome these barriers? | | | | | | | | |
| Details of the type of **work related assistance** to be provided. | | | | | | | | |
| **Date** | **Description of assistance** | | | **Hours required** | | **Cost per hour** | **Total Cost** | |
|  | Tutorial assistance | | |  | |  |  | |
|  | Teacher aide support in the workplace | | |  | |  |  | |
|  | Workplace readiness course | | |  | |  |  | |
|  | Workplace literacy/numeracy course | | |  | |  |  | |
| **Section 5: School Declaration** | | | | | | | | |
| I hereby declare that this claim is for work related assistance to be provided to the individual student.  Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | | |