

**SCIPS Application**  
**Australian School-Based Traineeship/Apprenticeship**

**SCIPS USE ONLY**

Application No: .....  
 Date: .....  
 Received: .....

Please complete all details and attach a current **Resume & Cover Letter**. Return to your School Coordinator or the SCIPS Coordinator

**Surname:** ..... **First Name/s:**.....  
**Gender:** ..... **Date of Birth:** .....  
**Address:** ..... **Post Code:** .....  
**Home Phone No:** ..... **Mobile No:** .....  
**Email:** .....  
**School:** ..... **2016 Year level:** .....

**Give brief details of any previous paid or unpaid work experience:**

Employer Details	When e.g. June 2016	How long e.g. Months / Years	Type of Work

**In which Industry do you wish to work? :** .....  
*(Please indicate position reference number if applicable)*

**Describe why you wish to do this School-based Traineeship / Apprenticeship:**

Include why this Industry appeals to you; why you feel you are well suited to this type of work; what can you bring to the job.

.....  
 .....  
 .....

Have you ever commenced a Traineeship or Apprenticeship? .....

If yes, please provide details of qualification and level .....

Have you completed any other qualifications? .....

Are you currently undertaking any other certificate subjects/courses? .....

If yes, please provide details .....

Student Signature: ..... Date: .....

**Parent / Guardian's authorisation.**

If you are under eighteen (18) years of age your parent or guardian is required to complete this section:

**Name:** .....  
**Address:** .....  
**Home Phone No:** ..... **Work Phone No:** ..... **Mobile No:** .....  
**Signature:**..... **Date:** .....