

Application for an Approval Statement

Use this form to apply for an Approval Statement from the ACT Education and Training Directorate

The completed form should be sent to:

Approval Statements
Transitions and Careers
ACT Education and Training Directorate
GPO Box 158
CANBERRA ACT 2601
Ph: (02) 6205 6759 Fax: (02) 6207 2980
Email: ACTYouthCommitment@act.gov.au

The application and all supporting documents must be emailed or posted to the address above. Contact the ACT Education and Training Directorate on (02) 6205 6759 or email ACTYouthCommitment@act.gov.au if you require assistance completing the application. Please ensure the application is signed by all parties. NB All decisions regarding Approval Statements are reviewable.

Step 1

Details of applicant

Name (in full)

Address

Suburb

Postcode

Date of birth

Age

Gender

Current year level at school

Is the applicant an Australian citizen or permanent resident?

Yes

No

Step 2

Details of parent/guardian/carer

Name of parent/guardian/carer 1 (in full)

Address

Suburb

Postcode

Telephone (business)

Mobile

Email address

Name of parent/guardian/carer 2 (if applicable)

Address

Suburb

Postcode

Telephone (business)

Mobile

Email address

Step 3

School details

Is the applicant currently enrolled or ever been enrolled in an ACT school? Yes No

If yes, please provide:

Student Identification Number (if known)

Name of last school attended

School Principal's name

If no, please provide:

Name of last school attended

Is the applicant registered for home education? Yes No

Is the applicant approved for distance education? Yes No

Step 4

Applicant's details regarding year 10 completion

Has the applicant completed year 10 in the ACT? Yes No

If yes, please include a copy of the applicant's ACT Year 10 Certificate

Has the applicant completed year 10 outside the ACT? Yes No

If yes, please provide a copy of the applicant's year 10 academic transcript.

If the answer is NO to either question in Step 4, the applicant may not be eligible to apply for an Approval Statement. Please contact the ACT Education and Training Directorate on (02) 6205 6759 or email ACTYouthCommitment@act.gov.au for more information.

Step 5

Reason for Approval Statement

1. An Apprenticeship/Traineeship including work-related training Yes No

2. Full-time employment (more than 25 hours per week) Yes No

3. A combination of employment, education and work-related training Yes No

If the applicant's total number of hours per week is less than 25 hours per week, please provide an explanation below outlining why the application should be considered.

Step 6

Post year 10 details

Complete the applicable sections below. If the applicant is pursuing a combination of employment and education, please complete both the Employment and the Education sections.

Apprenticeship/Traineeship (work-related training) details

Name of qualification

Business name

Employer's name

Manager's/supervisor's name

Address

Telephone

Email address

Start date

Registered Training Organisation

Australian Apprenticeship Centre

Number of hours of work plus training per week

Employment details

Type of employment (retail, hospitality, hairdressing, building etc)

Business name

Manager's/supervisor's name

Address

Telephone

Email address

Start date

Number of hours of work per week

Education details

Education provider

Contact name

Address

Telephone

Email address

Start date

Name of qualification

Indicate the days attending education per week

Step 7

Supporting documentation

For all applicants please attach:

A certified copy of the applicant's birth certificate

Evidence of place of residence, for example a certified copy of a rates notice/lease/electricity bill/water bill or similar

- For applicants who are not an Australian citizen or a permanent resident please attach:

A certified copy of the applicant's passport

A certified copy of the applicant's current visa

- For applicants undertaking a full-time apprenticeship / traineeship please attach a copy of the Training Contract

- For applicants undertaking full-time alternative education/training provider please attach a copy of the enrolment or acceptance letter

Step 8

Supporting statement from the applicant's School Principal

Principal's signature

Date

Step 9

Consent

Parent/Guardian/Carer 1 Signature

Date

Parent/Guardian/Carer 2 Signature (if applicable)

Date

Director-General Signature *

Date

**If an applicant is under Care and Protection orders this application must be submitted by the Care and Protection Services, Community Services Directorate and signed by the Director-General.*

Privacy Notice:

The ACT Education and Training Directorate is obliged to handle your personal information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. You can view our privacy policy on the About Us page of the Directorate's website (http://www.det.act.gov.au/about_us).

Office use only

This Approval
Statement is for:

Apprenticeship
/Traineeship:

Employment:

Education:

Officer:

Date: