



ASbA name: _____

School: _____

Student/School-based Apprentices Declaration

This form is to be completed by the ASbA Facilitator, with the ASbA within 4 weeks of sign-up, and a copy kept on file.

By signing this **ASAF**, I accept that my Australian School-based Apprenticeship (ASbA) is an integral part of my school program and commit to the following:

- I will attend all school/college classes and maintain good attendance, unless there is a valid explanation.
- I will attend the Pastoral Care meetings with my school/college, and discuss any difficulties (work, training or school/college) with the ASbA Facilitator.
- I will communicate with my school/college, about any concerns that may impact on my education, training, or apprenticeship.
- I will inform my employer and school/college if I am sick or unable to attend my workplace.
- I will talk to my school/college about any timetable concerns and make myself aware of allocated work days, training (TAFE or other RTO), and my school/college timetable.
- I have been given a copy of the FAQ sheet for students and parents.

The ASbA Facilitator at my school/college is _____

Please fill in and sign the following fields.

ASbA Name: _____

ASbA Signature: _____ Date: _____

Parent/Guardian Contact by the School/College

The parent/guardian must be contacted by the school to confirm the ASbA arrangement, including responsibilities, expectations to attend education, and requirements (except where a waiver is in place).

*An ASbA's is an employment arrangement; allocated work days and training are considered a part of the employment contract.

Parent/Guardian name: _____

Contact made by school/college (representative): _____

School Representative Signature: _____ Date: _____