

# Employer Questionnaire and Checklist: for employment of a School Based Trainee

Legal Name of Employer and ABN \_\_\_\_\_

Trading as \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

Position \_\_\_\_\_ Phone Number \_\_\_\_\_

Traineeship Qualification \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been provided with the School Based Apprentices and Trainees from NSW Government Schools – Information for Employers document?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of your obligations under legislation mentioned in the Employers' Information document?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of the special responsibilities associated with working with children and young people?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you informed your employees of their responsibilities when working with children and young people?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe your staff members and other people who will work closely with the school based apprentice or trainee are suitable to work with children and young people?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide a workplace that meets OH&S legislation requirements and is free from harassment or discrimination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you agree to comply with the Department of Education and Communities requirements relating to workplace safety and the management of higher risk activities as outlined in the Employers' Information document?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you ensure that the induction of the school based apprentice or trainee takes account of their age and inexperience and includes relevant safety matters and emergency procedures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold the appropriate property, public liability and workers compensation insurance coverage to cover the apprentice or trainee for the duration of their apprenticeship or traineeship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been advised by means of the Student Needs Assessment form that the student has a particular need in relation to their participation in the workplace?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you confident that you do not need to make any adjustments to your workplace to ensure the student and other employees can complete their duties with minimal potential risk.

**If employer answers No to any of the above, State Training Services should be contacted for advice on how to proceed.**

Employer has satisfied the NSW Department of Education and Training Duty of Care requirements in respect of the above questions.

Name of School Sector Nominee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

- Note
- The school Principal or nominee must see this document before they can sign the proposed training plan
  - This document should be held on file by the regional office
  - State Training Services Industry Training Advisors will complete the Employer Questionnaire for school based apprentices