



Pre Apprenticeship Application

for the MTA WA's Automotive Institute of Technology

What are you applying for?

Pre Apprenticeships

- Certificate II in Automotive Vehicle Body (Panel & Paint) AUR20912 Certificate II in Automotive Vehicle Servicing AUR20512
- Certificate II in Vocational Preparation AUR20712

Applicant Contact Details

Given Name:	Surname:	
Birth Date:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Postal Address:	Suburb:	P/C:
Street Address:	Suburb:	P/C:
Phone:	Mobile:	
Email:	Car Registration:	

Emergency /Parent Guardian Contact Details

Given Name:	Surname:	
Relationship:		
Postal Address:	Suburb:	P/C:
Street Address:	Suburb:	P/C:
Phone:	Mobile:	
Email:		

School Details (if applicable)

School Name:	VET Coordinator:	
Year at School: <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	<input type="checkbox"/> The student's latest report has been attached	
Postal Address:	Suburb:	P/C:
Street Address:	Suburb:	P/C:
VET Coordinator Phone:	VET Coordinator Mobile:	
VET Coordinator Email:		
<input type="checkbox"/> I acknowledge and support this application.		

Principal or Authorised School Representative Signature:	Date:
Principal or Authorised School Representative Name:	

Regional VET Coordinator/Programme Coordinator (if applicable)

Organisation Name:	Coordinator:
VET Coordinator Phone:	VET Coordinator Mobile:
VET Coordinator Email:	

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Supplementary Details *(Details provided will NOT be a barrier for employment but will assist the Institute in assessing opportunities for placement in appropriate employment)*

Do you have a current driver's licence? Yes No

If YES what is the expiry date?

In which country were you born?

Are you an Australian or New Zealand citizen or permanent resident? Yes

No *(if no please attach a copy of your visa showing permission to work or study in Australia)*

If you are not an Australian citizen or permanent resident, how long have you lived in Australia? Years _____ months _____

Are you of Aboriginal or Torres Strait Islander background? Yes (Aboriginal Torres Strait Islander) No

Do you speak a language other than English at home? No Yes *(If yes, which language?)*

Do you have any medical condition that we need to know about? Yes No

If YES please detail:

Are you on any medication? Yes No

If YES please detail:

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES to the above, please indicate the areas of disability, impairment of long-term condition. You may select more than one

Hearing/Deaf Intellectual Physical Mental Illness Allergies *(please detail below)*

Acquired Brain Impairment Learning Vision Medical Condition Other *(please detail below)*

Emergency Medical Contact Name:

Emergency Medical Contact Number:

Do you have any difficulty with reading, writing and maths? Yes No

If YES, please detail.

Education History

Are you currently studying? No Yes *(if yes, college/school/institution name)*

If 'Yes', at what level are you currently studying? Year 10 Year 11 Year 12 Other *(please detail)*

What is your highest level of education? Year 10 Year 11 Year 12 Did not go to school

Other *(please detail)*

Have you completed any pre-vocational, vocational or tertiary qualifications? No Yes *(please detail)*

Please attach your most recent academic report and results and any other qualifications.

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Work History

Of the following, which best describes your current work status?

Full Time Employee
 Part-Time Employee
 Casual Employee
 Self Employed
 Unemployed
 Student

Employment History - Please detail your employment history

Employer	Position	From (year)	To (year)	Type of employment (ie: full time, part-time)

Have you done, or are you doing any voluntary or community work? No Yes (if yes, please detail)

Have you done, or are you doing any work experience? No Yes (if yes, please detail)

Reference - Please list at least three references

Name	Business	Phone	Email

Photo Declaration

I hereby authorise the Motor Trade Association of WA (MTA WA) to publish photographs taken of me during the course of my studies at the MTA WA's Automotive Institute of Technology, and my name and likeness, for use in the MTA WA's print, online and video-based marketing materials, as well as other Association publications. I hereby release and hold harmless MTA WA from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in MTA WA marketing materials or other Association publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release MTA WA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

If you are under the age of 18 please ensure that your application is signed by a parent or guardian in the space provided below.

Signature:

Date:

Name (Printed):

Parent/Guardian Signature:

Date:

Name (Printed)

Relationship:

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MAAP My Future - Apprentice Mentoring

Becoming an apprentice is a big commitment; to yourself and to your employer. Throughout your apprenticeship you will be challenged and sometimes it can help to have someone to talk to. That's where the MAAP My Future Apprentice Mentoring program comes in. It's a program funded by the Australian Government and is a free service for apprentices which will give you a dedicated mentor during your apprenticeship. Your mentor can help you in a range of areas including; developing a career plan, issues in the workplace; problems at home; study problems; or any other aspect of your apprenticeship. To participate in the mentor program please sign the privacy notice and permission below.

Privacy Notice - Australian Apprenticeships Mentoring Program

1. Motor Trade Association of WA will collect my Personal Information as that term is defined in section 6 of the Privacy Act 1988, including:
 - Personal data, such as my name and date of birth;
 - Employer and apprenticeship/traineeship details; and
 - Residential address.
2. Motor Trade Association of WA will collect my Personal Information for the purposes of administering and coordinating my participation in the Program, and delivering services to me. My personal information will be used to:
 - Administer the Program;
 - Train and assess staff;
 - Report on and evaluate the Program;
 - Link me with appropriate services to assist me in completing my apprenticeship/traineeship; and
 - Research and evaluate the Building Australia's Future Workforce Initiative.
3. Motor Trade Association of WA may disclose some or all of my Personal Information to the following:
 - the Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE), including DIISRTE's Ministers, to enable DIISRTE to report on and evaluate the Program;
 - Other Australian Government agencies, for the purposes of researching and evaluating the Building Australia's Future Workforce Initiative; and
 - the contractors or agents of any of the above organisations.
4. Motor Trade Association of WA and DIISRTE may also disclose my personal information to another party without my consent where authorised or required by law, but will not disclose my personal information to another party in any other circumstance.

I consent to the release of my personal information for the above purposes.

Signature:

Date:

Name (Printed):

Applicant Declaration

- This form has been completed by me personally and the information I have provided is correct.
- I understand that evidence I provide with my application may be checked and verified at enrolment if I am made an offer.
- I consent to MTA WA's Automotive Institute of Technology /MAAP obtaining personal information necessary to complete or verify my application and training.
- I understand that my information will be provided to third party organisations as part of the administration of my qualification and course.

If you are under the age of 18 please ensure that your application is signed by a parent or guardian in the space provided below.

Signature:

Date:

Name (Printed):

Office Use Only

Received by: _____

Date Received: _____

Processed by: _____

Date Processed: _____



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