

Apprentice / Trainee Registration Form
Continuing Apprentices Placement Service (CAPS)



Apprentices and trainees who have lost their job because of the economic downturn and are looking for another apprenticeship or traineeship to complete their training can register for placement by completing and submitting this form by fax to (02) 9266 8590 or email the completed form to caps@det.nsw.edu.au

The information collected on this form is protected under the Privacy and Personal Information Protection Act 1998 and the Privacy Code of Practice of the NSW Department of Education and Training.

* Indicates mandatory fields. Where multiple answers are available, circle the most appropriate answer.

Apprentice / Trainee details

First Name * _____ Middle Name _____ Surname* _____

D.O.B (dd-mm-yyyy)* ___ / ___ / _____

Training Contract ID _____ / _

Name of apprenticeship or traineeship _____

Contact details

Contact phone number * _____ Mobile phone number _____

Email address _____

Mailing address* _____

Suburb _____ State _____ Postcode _____

Would you be willing to relocate to another town / region if financial assistance was available?..... Yes / No

Location(s) you wish to work in e.g. southern Sydney; Taree region; lower central coast; Nowra

At what level are you in your apprenticeship / traineeship? 1st Year 2nd Year 3rd Year 4th Year

Are you at the same level for your formal training with your training organisation? E.g. TAFE..... Yes / No
(If No, please provide additional information below)

Would you be interested in changing trades? Yes / No

What trade or traineeship are you interested in changing to?

Other information to assist us match you with an employer can be entered here

I consent to State Training Services disclosing my details to a prospective employer * Yes / No