

Employer Registration Form

Continuing Apprentices Placement Service (CAPS)



Employers seeking to employ an apprentice or trainee or who have identified an apprentice or trainee on the Continuing Apprentice Register as meeting their business needs, can provide their details below and submit 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.

Business details

Legal Name * _____

Trading Name* _____

Australian Business Number (ABN) must be 11 digits _ _ _ _ _

Contact details

First Name* _____ Surname* _____

Contact phone number * _____ Mobile phone number _____

Email address _____

Mailing address* _____

Suburb _____ State _____ Postcode _____

I am interested in employing an: apprentice trainee both

In what occupations can you offer an apprenticeship or traineeship? _____

Have you identified any apprentices / trainees on the Continuing Apprentice Register?..... Yes / No

If Yes, what is/are the Continuing Apprentices Register number(s) _____

Street address of business where apprentice / trainee will be employed* _____

Suburb _____ State _____ Postcode _____

What level apprentice / trainee are you searching for? 1st Year 2nd Year 3rd Year 4th Year

How many apprentices / trainees are you looking to employ? _____

I consent to State Training Services disclosing my details to interested apprentices / trainees *.....Yes / No