



TOCAL TRAINEESHIP APPLICATION FORM

YOUR PERSONAL INFORMATION

Surname: Given Names:

Preferred Names: Date of Birth:

Home Address: State: Postcode:

Phone: Home: () Mobile:

E-mail: Vehicle Reg. No.:

Gender: (Please Tick) Male Female Proof of Identity attached: Yes No (Please note Declaration over page)

EMPLOYER

Surname: Given Names:

Company Name:

Address: State: Postcode:

Phone: Home: () Business: ()

Mobile: E-mail:

PARENT 1

Surname: Given Names:

Home Address: State: Postcode:

Phone: Home: () Mobile:

PARENT 2

Surname: Given Names:

Home Address: State: Postcode:

Phone: Home: () Mobile:

N.B. Information obtained from this application is important for administration purposes and to assist with communication during your traineeship. The submission of accurate and complete records where possible is therefore appreciated. If you have any questions regarding completion of this form please contact the Traineeship Co-ordinator on 02 4939 8960. Completed forms should be returned to:
The Traineeship Coordinator, Tocal College, PATERSON, NSW, 2421

Application form continued over the page.

WHO WILL BE RESPONSIBLE FOR THE FOLLOWING FEES?

Accommodation fee (Please circle from the options below the person responsible for this fee):

- Self Employer Parent Other (If "Other" Please Specify & Provide Contact Details Below)

Signature of fee payer circled above:

Traineeship Administration Fee (Please circle from the options below the person responsible for this fee):

- Self Employer Parent Other (If "Other" Please Specify & Provide Contact Details Below)

Signature of fee payer circled above:

YOUR EDUCATION

What Was Your Highest Level of Secondary Education (Please Tick **ONE** Only): Year 9 Year 10 Year 11 Year 12

Year 10 Results: English Maths Agriculture

Year 12 Results: Universities Admission Index (UAI)

Please List Any Relevant Post Secondary Education, Training or Courses (Please Tick if Verification of Completion can be provided)

1.....

2.....

BACKGROUND INFORMATION:

How Did You Hear About Tocal?

Which Industry's Skills Would You Like to Receive Training In (e.g. Dairy, Beef, Wool, etc.)?.....

Please List Your Farm Experience / Type of Work Undertaken

Approximate No. of Days

1.....

2.....

Which Level of Rural Skills Training Are You Interested In? (Please Tick):

Certificate II in Agriculture Certificate III in Agriculture Certificate IV in Agriculture

Are you eligible for Recognition of Prior Learning? (Please Tick) Yes No Unsure

Were You Born in Australia? (Please Tick) Yes No If No, Please State Country of Birth.....

Are You of Aboriginal and/or Torres Strait Origin? (Please Tick) No Aboriginal Torres Strait Islander

Do You Speak a Language Other Than English at Home? (Please Tick) No Yes If Yes, Please Specify.....

Do You Have A Learning Disability For Which You Require Special Assistance? (Please Tick) Yes No

If Yes, Please Specify:

Do You Have Any Other Disabilities, Impairments Or Long-term Conditions? (Please Tick): Yes No

If Yes, Please Specify:

DECLARATION

I would like to apply for enrolment in a Rural Traineeship Course at CB Alexander Agricultural College, Tocal. I certify that the information I have supplied is true and correct. I agree that it may be used for statistical purposes and for matters relating to the administration of college courses and enrolments. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) or an authorised agency to meet legislative reporting requirements. Information provided will be securely held and disposed of when no longer needed. If my application is successful, I agree to abide by the Rules, Regulations and Conditions prescribed by the College.

I also undertake to supply Tocal with a copy of my birth certificate before enrolment (as required by NSW VETAB).

Your Signature:..... Date:.....