**5.4 Training Contract Details Authorisation to Accompany Letter to AAC**

**Request for Access to Training Contract Information**

**(Signed copy of this document to accompany letter 5.3)**

*School logo and address*

*Date*

*Australian Apprenticeship Centre (AAC) name and address*

TO (*insert name of AAC)*

**Re: (*student’s name*) – Authority to Provide a Copy of Training Contract to School**

Traineeship and Apprenticeship Services (TAS) have recently approved (*insert student’s full name*)’s School-based Apprenticeship/Traineeship (SBAT). The details are provided below.

Name: (*insert student’s full name)*

School (*insert school name)*

Year Level: (*insert student’s year level*)

Employer: (*insert employer’s name*)

Training Contract No: (*insert SBAT Training Contract no.*)

Training Qualification: (*insert name of VET qualification*)

Please find below the student and parent/carer authorisation for the School to be provided with a copy of the Training Contract.

Authorisation is provided for (*insert name of school*) to have access to a copy of (*insert student’s name*)’s School-based Apprenticeship/Traineeship Training Contract for the purpose of supporting the management of their SBAT.

|  |  |  |
| --- | --- | --- |
| --------------------------------------------Student’s name--------------------------------------------Parent/Carer’s Name | --------------------------------------------Student’s Signature--------------------------------------------Parent/Carer’s Signature | --------------------------------------------Date--------------------------------------------Date |
| ------------------------------------------------------------------------------------------------------------------------------------Address/Contact details |

Yours sincerely

PRINCIPAL