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Notification of Trainee

The purpose of this form is to provide notification to the Construction Occupations Registrar where there is a training arrangement (however described) between a trainee's *relevant person* and the trainee, and the construction service provided by the trainee is covered by the training arrangement.

A trainee, however described (apprentice, trainee etc) is an individual providing a construction service under supervision and is also undertaking an accredited course that provides instruction in relation to the construction service being provided.

The trainee's relevant person is defined as:

- the trainee's employer; or
- if the trainee does not have an employer, the provider of the accredited course that the trainee is undertaking.

This approved form is to be completed by the employer or the provider of an accredited course that the trainee is undertaking.

This notification is only required in relation to the trainee, as described above, where they are providing one or more of the following construction services as defined under the Construction Occupations (Licensing) Act 2004:

- Electrical wiring services;
- Gasfitting services;
- Plumbing services; or
- Sanitary drainage services.

Completion of Form

- **Employers that are an individual must complete section A, B & E**
- **Employers that are a corporation or partnership must complete section A, B, C and E**
- **Providers of the accredited course, where the trainee does not have an employer, must complete section A, D and E**

Section A – Trainee Details

Title _____ Surname _____ D.O.B _____

Given Names _____

Address _____

Suburb _____ State _____ Postcode _____

Phone Number _____ Fax _____

Mobile Number _____ Email address _____

Name of accredited course _____

Course Code/Identification Number _____

Date Training arrangement commenced ____/____/____

Date Training arrangement ends Date ____/____/____

Section B – Employer Details (Individual, Corporation or Partnership)

Title _____ Surname _____

Given Names _____

Business Name (if applicable) _____

Business Address _____

Suburb _____ State _____ Postcode _____

Phone Number (Business Hours) _____ Fax _____

Mobile Number _____ Email address _____

Construction Occupations Licence Number (If applicable) _____

Section C – Trainee's Manager Details (Corporation or Partnership)

Title _____ Surname _____

Given Names _____

Phone Number (Business Hours) _____ Fax _____

Mobile Number _____ Email address _____

Construction Occupations Licence Number (If applicable) _____

Section D – Non Employer (Accredited Course Provider)

Provider Details

Provider Name _____

Business Address _____

Suburb _____ State _____ Postcode _____

Nominated Person for the trainee Details

Title _____ Surname _____

Phone Number (Business Hours) _____ Fax _____

Mobile Number _____ Email address _____

Section E – Acknowledgement

I believe that the statements in this notification are true in every particular.

Signature of Applicant _____ Date ____/____/____

Section E — Lodgement and Contact Information

Access Canberra Environment Planning and Land Shopfront

GPO Box 1908, Canberra City ACT 2601

16 Challis Street, Dickson ACT 2602

Business Hours: 8.30am to 4.30pm weekdays (excluding Public Holidays)

Phone: (02) 6207 8096

Email: constructionoccupationsregulation@act.gov.au

Privacy Notice

Information you are asked to provide will be used to monitor training arrangements. The lawful authority for the collection of this information is the *Construction Occupations (Licensing) Act 2004*. The information may be disclosed to other Regulatory Authorities and Government Agencies. The Construction Occupations Registrar and Access Canberrr are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the Privacy Act 1988 (Cth) when collecting, using, disclosing, securing and providing access to private information.
