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|  | Stage 6 Application for a NEW Board Endorsed VET Course for school-based apprentices/traineesDue date: refer to BOSTES website[www.boardofstudies.nsw.edu.au/voc\_ed/board-endorsed-courses.html](http://www.boardofstudies.nsw.edu.au/voc_ed/board-endorsed-courses.html)  |
| * All fields are **MANDATORY**.
* Submit a **signed** hard copy with all required attachments to your school system.
* Retain a copy in the school.
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| [ ]  school-based apprenticeship | [ ]  school-based traineeship |

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| **1 AQF VET qualification outcome(s)** |
| Certificate/Statement of Attainment available on successful completion of the course | National code |
|       |       |

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| **2 Qualification packaging rules** Attach the qualification packaging rules which explain the eligibility for the AQF VET qualification(s) targeted in this course. (These can be obtained from the relevant Training Package at [http://training.gov.au](http://training.gov.au/)) |

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| **3 Training plan(s)** Attach a copy of the draft/final school-based apprenticeship/traineeship training plan(s). |
| [ ]  draft [ ]  final |

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| **4 Student cohort details**  |
| Student cohort(s) involved: | [ ]  Year 10 | [ ]  Year 11 | [ ]  Year 12 |  |

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| **5 Rationale**Provide details to support your application. |
| Is there an existing Stage 6 VET course available in this industry area? [ ]  Yes [ ]  NoIf **Yes**, explain why the needs of the students cannot be met by that course. |
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| **6 Course delivery** |
| Mark the appropriate box to indicate the course delivery proposed for endorsement. |
| [ ]  over one year – Preliminary or HSC (course completed by October) |
| [ ]  over two years – Preliminary then HSC (minimum 120 hours completed by each October) |
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| **7 School details** ALL details must be completed. |
| School name: |       |
| School campus: (for collegiate) |       |
| BOSTES school code: |       |
| Address: |       |
| Contact person for this SBA/T: |       |
| Role: |       |
| Phone: | (     )       | Fax: | (     )       |
| Email: |       |
| If the home school is not where the course will be delivered, please provide the name of the delivering school:      |

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| **8 Registered Training Organisation (RTO) that will deliver and assess the course**ALL details must be completed. |
| RTO name: |       |
| RTO national code:\* |       |
| Contact person: |       |
| Role: |       |
| Phone: | (     )       | Fax: | (     )       |
| Email: |       |
| **For TAFE NSW delivered courses** |  |
| TAFE NSW campus/college: |       |
| \* Found on the [http://training.gov.au](http://training.gov.au/) |  |

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| **9 Registered Training Organisation (RTO) declaration** |
| I certify that:i) course delivery and assessment will meet HSC and VET Quality Framework requirementsii) *[where the RTO is TAFE NSW]* course delivery and assessment is in accordance with the current TAFE-delivered HSC VET Courses (TVET) guidelines available at [www.det.nsw.edu.au/vetinschools/vet/tvet/index.html](http://www.det.nsw.edu.au/vetinschools/vet/tvet/index.html)**or**  *[where the RTO is a private provider]* details of qualifications and units of competency being studied and the outcomes for each unit of competency will be provided to the school(s), either in writing or via the BOSTES RTOs Online websiteiii) the information provided is accurate. |
| Name: |       |
| Position: |       |
| Signature: |       | Date: |       |
| RTO name: |       |
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**Please note, applications without all signatures will not be processed.**

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| **10 Principal’s declaration** |
| I certify that:1. the information contained in this application is accurate
2. appropriate levels of safety/supervision will be met for any practical and work placement components of this course
3. *[where the RTO is TAFE NSW]* I am aware that the school retains responsibility for monitoring course implementation as part of students’ overall pattern of HSC study in accordance with the current TAFE- delivered HSC VET Courses (TVET) guidelines available at [www.det.nsw.edu.au/vetinschools/vet/tvet/index.html](http://www.det.nsw.edu.au/vetinschools/vet/tvet/index.html)

**or** *[where the RTO is the school or a private provider]* I am aware that the school retains overall responsibility for monitoring course implementation and for reporting course and unit of competency entry and achievement data to the BOSTES. |
| Principal’s name: |       |
| Principal’s signature: |       | Date: |       |
| Principal’s email: |       |
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**Please note, applications without all signatures will not be processed.**

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| **11a School system support**  |
| Applications must have the relevant school system support prior to being forwarded to BOSTES. Please note that your school system support does not guarantee Board endorsement. |
| Please forward applications as directed below. |
| * **Department of Education schools** send the application to their

Senior Pathways Advisor/OfficerSenior Pathways Advisors/Officers should send the application to: Manager, School Based Apprenticeships & TraineeshipsNSW Department of Education – Secondary EducationLevel 3, 1 Oxford Street, Darlinghurst NSW 2010seniorpathways@det.nsw.edu.au |
| * **Catholic systemic schools and Catholic non-systemic schools linking to the Diocesan Education Office as their RTO** send the application to their

Diocesan RTO Manager/VET Advisor |
| * **Other Catholic schools** and **Independent schools** send the application directly to:

Principal Project Officer, Vocational EducationBoard of Studies, Teaching and Educational Standards NSWGPO Box 5300Sydney NSW 2001Fax: (02) 9367 8476vet@bostes.nsw.edu.au  |

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| **11b School system declaration** (for NSW DoE schools and Catholic systemic schools and Catholic non-systemic schools linking to the Diocesan Education Office as their RTO) |
| In relation to |       | (course name) |
| I certify that:i) the qualification on which this course is based is included on the RTO scope of registrationii) the course satisfies unit of competency prerequisite/co-requisite requirements and qualification packaging rulesiii) the school and/or school system is/are able to meet the resource requirements and funding for deliveryiv) the school system supports this application. |
| Organisation: |       |
| Name: |       |
| Position: |       |
| Signature: |       | Date: |       |
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**Please note, the following must be included for this application to be processed:**

* all required signatures
* the school-based apprenticeship/traineeship training plan(s).

**The school system should send this completed application to**:

Principal Project Officer, Vocational Education

Board of Studies, Teaching and Educational Standards NSW

GPO Box 5300

Sydney NSW 2001

Fax: (02) 9367 8476

vet@bostes.nsw.edu.au