

A01

Traineeship Program - Employer Record Form

January - December 2022 Version 1.1



SHAFSTON
SCHOOL OF BUSINESS



**The Mary
McConnel School**

Before you start

Who is your Shafston Consultant?	
Who is completing this form?	<input type="checkbox"/> The Business Owner <input type="checkbox"/> Company Legal Representative
Name of the Legal Representative	
<input type="checkbox"/> If you are the legal representative, you confirm that you are authorised by the following business to fill out the form and you can access all the relevant information.	

Employer Details

Company Name:		ABN:	
Trading Name:		Company Type:	Employer
Contact Person:		Position:	
Company Email Address:		Company Phone/Mobile:	
Full Street Address:		Post Code:	
Total Number of Employee(s):		Total Number of Trainee(s):	
Total Number of Supervisor(s):			
Owner/Legal Representative Signature		Date:	

Trainee 1 Details

Surname		Given Name		Date of Birth	
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date	
Relevant Qualifications				Years of Working Experience	
Qualification to be undertaken					

Trainee 2 Details

Surname		Given Name		Date of Birth	
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date	
Relevant Qualifications				Years of Working Experience	
Qualification to be undertaken					

Trainee 3 Details

Surname		Given Name		Date of Birth	
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date	
Relevant Qualifications				Years of Working Experience	
Qualification to be undertaken					

Trainee 4 Details

Surname		Given Name		Date of Birth	
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date	
Relevant Qualifications				Years of Working Experience	
Qualification to be undertaken					

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Trainee 4 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				

Trainee 5 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				

Trainee 6 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				

Trainee 7 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				

Trainee 8 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				

Trainee 9 Details				
Surname		Given Name		Date of Birth
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor Name		Employment Start Date
Relevant Qualifications				Years of Working Experience
Qualification to be undertaken				