



Before you start					
Who is your Shafston Consultant?					
Who is completing this form?	☐ The Business Owner	Company Leg	gal Representative		
Name of the Legal Representative					
If you are the legal representative, you confirm that	nt you are authorised by the following b	ousiness 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/I	Mobile:		
Full Street Address:				Post Code:	
Total Number of Employee(s):	Total Number of Trainee(s):		Total Number of Supervis	sor(s):	
Owner/Legal Representative Signature		Date:			
Trainee 1 Details					
Surname	Given Name	4	Date of Birth		
Employment Full Time Part	Time Supervisor Name	Ga	Employm Start Date		
Relevant Qualifications			Years of Working Experie		
Qualification to be undertaken					
	TATIL HILL	DAAM-			
Trainee 2 Details					
Surname Employment	Given Name Supervisor		Date of Employm		
Status Full Time Part	Time Supervisor Name		Start Date		
Relevant Qualifications			Years of Working Experie	nce	
Qualification to be undertaken					
Trainee 3 Details					
Surname	Given Name		Date of	Birth	
Employment Full Time Part	Time Supervisor		Employm Start Date	nent	
Relevant Qualifications	HOITIO	Years of Working Experience			
Qualification to be undertaken			<u> </u>		
Trainee 4 Details					
Surname	Given Name		Date of		
Employment Full Time Part	Time Supervisor Name		Employm Start Date		
Relevant Qualifications			Years of Working Experie	ence	
Qualification to be undertaken					



Traineeship Program -**Employer Record Form** January - December 2023 Version 1.2





Trainee 4 Details							
Surname			Given Name			Date of Birth	
Employment Status	Full Time	Part Time	Supervisor Name			Employment Start Date	
Relevant Qualifica	valifications			Years of Wo		king Experience	
Qualification to be	undertaken					,	
Trainee 5 Details							
			Civen Name			Data of Birth	
Surname Employment			Given Name Supervisor			Date of Birth Employment	
Status	Full Time	Part Time	Name			Start Date	
Relevant Qualifica	tions				Years of Worki	ng Experience	
Qualification to be	undertaken						
Trainee 6 Details							
Surname			Given Name			Date of Birth	
Employment Status	Full Time	Part Time	Supervisor Name		+	Employment Start Date	
Relevant Qualifica	tions			Years of Wo		ng Experience	
Qualification to be	undertaken						
Trainee 7 Details							
Trainee 7 Details Surname			Given Name			Date of Birth	
Trainee 7 Details	☐ Full Time	Part Time	Given Name Supervisor Name			Date of Birth Employment Start Date	
Trainee 7 Details Surname Employment	Full Time	Part Time	Supervisor	Docas	Years of Work	Employment	
Trainee 7 Details Surname Employment Status	Full Time	Part Time	Supervisor	DOCTR	Years of Work	Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualifica	Full Time	Part Time	Supervisor	DOCTR	Years of Work	Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualification to be	Full Time	Part Time	Supervisor	DOCTR	Years of Work	Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualificat Qualification to be Trainee 8 Details Surname Employment	Full Time	Part Time	Supervisor Name Given Name Supervisor	DOCTR	Years of Work	Employment Start Date ng Experience Date of Birth Employment	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname	Full Time tions undertaken Full Time	AMICIT!	Supervisor Name	DOCTR		Employment Start Date ng Experience Date of Birth	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status	Full Time tions undertaken Full Time tions	AMICIT!	Supervisor Name Given Name Supervisor	DOCTR		Employment Start Date Ing Experience Date of Birth Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status Relevant Qualification	Full Time tions undertaken Full Time tions	AMICIT!	Supervisor Name Given Name Supervisor	DOCTR		Employment Start Date Ing Experience Date of Birth Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status Relevant Qualification	Full Time tions undertaken Full Time tions	AMICIT!	Supervisor Name Given Name Supervisor	DOCTR		Employment Start Date Ing Experience Date of Birth Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status Relevant Qualification to be Qualification to be	Full Time tions undertaken Full Time tions	AMICIT!	Supervisor Name Given Name Supervisor	DOCTR		Employment Start Date Ing Experience Date of Birth Employment Start Date	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status Relevant Qualification to be Trainee 9 Details	Full Time tions undertaken Full Time tions	AMICIT!	Supervisor Name Given Name Supervisor Name	DOCTR		Employment Start Date Ing Experience Date of Birth Employment Start Date Ing Experience	
Trainee 7 Details Surname Employment Status Relevant Qualification to be Trainee 8 Details Surname Employment Status Relevant Qualification to be Trainee 9 Details Surname Employment Status Surname Employment Status	Full Time tions undertaken Full Time tions Full Time Full Time	Part Time	Supervisor Name Given Name Supervisor Name Given Name Supervisor Supervisor	DOCTR	Years of Worki	Employment Start Date Ing Experience Date of Birth Employment Start Date Ing Experience Date of Birth Employment Employment Employment	