



TABMA Training Pty Ltd Participation Application Apprenticeship/Traineeship Scheme

Company Details

Company Name ACN

Trading Name ABN

Address

Postal Address

Contact Person Position

Telephone Fax

Mobile email

Number of Staff Number of Qualified Trade Staff (able to supervise Apprentice/Trainee)

Employment Request Details

Number of Apprentice/Trainee's Sought Level/Year

APPRENTICESHIP	TRAINEESHIPS
<input type="checkbox"/> Cabinet Making <input type="checkbox"/> Carpentry <input type="checkbox"/> Furniture Finishing <input type="checkbox"/> Horticulture <ul style="list-style-type: none"> - Nursery - Landscaping - Parks & Gardens <input type="checkbox"/> Plumbing <input type="checkbox"/> Roof Plumbing <input type="checkbox"/> Roof Tiling <input type="checkbox"/> Saw Doctoring <input type="checkbox"/> Shop Fitting <input type="checkbox"/> Wood Machining <input type="checkbox"/> Floor Covering & Finishing	<input type="checkbox"/> Business Administration <input type="checkbox"/> Estimator / Detailer <input type="checkbox"/> Horticulture <input type="checkbox"/> Nursery <input type="checkbox"/> Retail (Hardware) Operations <input type="checkbox"/> Timber Manufacturing <input type="checkbox"/> Timber Merchandising <input type="checkbox"/> Timber Wholesaling <input type="checkbox"/> Warehousing <input type="checkbox"/> Wood Panel Products <input type="checkbox"/> Local Government <ul style="list-style-type: none"> - Administration & Governance - Operation Works

TABMA is covered by 10 National Privacy Principles, the NPPs, as set out in the Privacy Act 1988 (as amended by the privacy Amendment (Private Sector) Act 2000). To comply with our obligations under the NPPs we have a Privacy Policy, which sets out how we manage privacy in our organisation. You are welcome to receive more information about the Policy.



TRAINEE / APPRENTICE PROFILE REQUEST

Please indicate the normal amount of 'hours of work' to be undertaken

- Monday to Friday – 38 hour week
- Monday to Thursday – 8 hours per day and 6 hours on Friday
- Monday to Friday - 8 hours per day accruing 2 hours for an RDO
- Other (please specify)

Specifications (please circle)

Age Group	16-18	18-21	21-25+	Sex	Male	Female
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Skills (qualifications/experience required):

Year 10	Year 11	Year 12	Communication skills (written)
Verbal	Attention to detail	Organisational skills	Reasonable hand writing

Knowledge (work-history-life skills)

Computers	Drivers licence	Own vehicle	Articulate	Physically fit	Forklift licence
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Special/Further Requirements

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Brief Description of Duties

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Start Day/Date

Agreement

I hereby understand that TABMA Training Pty Ltd will employ the Trainee/Apprentice for the duration of the Traineeship/Apprenticeship and that TABMA Training Pty Ltd will charge the company a weekly charge out rate. I also understand that prior to my company's participation in the Traineeship/Apprenticeship an agreement between the "Host Employer" and TABMA Training Pty Ltd will have to be signed by a director/proprietor of my company/business and that I must provide evidence of public liability insurance. Conditional approval may be granted in lieu of the credit application, profile request and specification form and a direct debit authority which is required to be completed and lodged for approval with TABMA Training Pty Ltd.

Print Name

Signature **Date**



CREDIT APPLICATION FORM

I/We hereby apply for an account in accordance with your Terms and Conditions and submit the following confidential information for this purpose only.

Registered Company Name:

Trading Name (if applicable):.....

Trading Address:.....

1. Nature of Business (please tick one)

Individual/Sole Trader Partnership Company Other (please specify)

Date Business Commenced:.....ABN.....

Nature of Operations:

2. Trade References (Excludes finance companies, credit companies or banks)

a. Company Name.....Telephone ().....

Company Address:.....Facsimile ().....

b. Company Name.....Telephone ().....

Company Address:.....Facsimile ().....

3. Sole Trader/Partners/Directors Names & Address

1.Full Name:.....Telephone: ().....

Address:.....Suburb:.....State:.....Postcode:.....

2.Full Name:.....Telephone: ().....

Address:.....Suburb:.....State:.....Postcode:.....

4. Privacy – to be completed by all sole traders, partnerships

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In the course of processing this application for commercial credit we may collect financial information about individuals from other sources including trade references or credit reporting agencies. The information obtained on this form and the information obtained from other sources will be used to assess your credit application and may be passed on to other commercial credit providers or credit reporting agencies.

I hereby consent to the use of information as described and certify that the information given is true and to be accurate to the best of my knowledge.

Print Full Name

Signature

Date

i)

ii)

5. Acceptance of Terms and Conditions to be signed by authorised officer of the company

I/we hereby state that the above information is true and correct and agree to be bound by the Terms and Conditions attached.

Print

Signature

Date

i)

ii)

iii)



Level 7, 28 Foveaux Street, Surry Hills NSW 2010. Telephone (02) 9277 3177
P O Box 107, Surry Hills NSW 2010. Facsimile (02) 8580 4766

DIRECT DEBIT REQUEST – USER ID 100256

Date: _____

Insert your Name in full I/We _____
(Surname, Company Name or Business Name)

(Given Names, ACN Number or ARBN)

request you, until further notice in writing, to debit my/our account described in the Client Service Agreement below.

Customer Signature(s): _____
(If joint account all signatures may be required)

Customer's Address: _____

(postcode)

Financial Inst name _____

Account name _____

BSB Number

Account Number:

Note: Direct Debiting is not available on the full range of accounts
If in doubt please refer to your Financial Institution

CLIENT SERVICE AGREEMENT

Privacy (for individuals only)

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Our commitment to you, Drawing arrangements:

We will draw each invoice amount from the nominated account 14 days after the invoice date. Where the due date falls on a non business day, we will draw the amount on the next business day. We will not change the frequency of drawings arrangements without your prior approval. We reserve the right to cancel these drawing arrangements if one or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method. This may result in removal of the trainee/apprentice from your site. We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential

Your rights:

You may terminate the drawing arrangements at any time by giving written notice to us. Such notice should be received by us at least 7 business days prior to the due date. You may stop payment of a drawing by giving written notice to us. Such notice should be received by us at least 7 business days prior to the due date. Where you consider that a drawing has been initiated incorrectly you should take the matter up directly with us.

Your commitment to us, Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing instruction held by the Financial Institution where the account is based. It is your responsibility to advise us if the account nominated by you to receive the drawings is transferred or closed. It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are cancelled either by yourselves or the nominated Financial Institution.