



WORK-BASED TRAINING AGREEMENT

Student ID

BETWEEN STUDENT DETAILS

FULL NAME

ADDRESS

POSTAL ADDRESS

DATE OF BIRTH PHONE/MOBILE

EMERGENCY CONTACT PHONE PERSON

ADDRESS:
Building 4
175 Varsity Parade
Varsity Lakes QLD 4227

POSTAL ADDRESS:
PO Box 35
Varsity Lakes QLD 4227

CONTACT DETAILS:
PH: 07 5551 0269
FX: 07 5641 7810
EM: reception@hopecollege.com
W: https://hopecollege.com

AND WORK-BASED TRAINING PROVIDER DETAILS

LEGAL NAME

TRADING NAME (if different)

POSTAL ADDRESS

CONTACT OFFICER CONTACT PHONE

HOPE COLLEGE
is a training ministry of
Hope of the Gold Coast Ltd
ABN: 72 070 512 560

AND REGISTERED TRAINING ORGANISATION

LEGAL NAME HOPE OF THE GOLD COAST LTD

TRADING NAME HOPE COLLEGE

POSTAL ADDRESS PO Box 35
Varsity Lakes QLD 4227

CONTACT OFFICER WBT Officer CONTACT PHONE 07 5551 0269

PROVIDER CODE:
2942

CRICOS PROVIDER CODE:
01679M

CENTRELINK CODE:
4P105

Course: Please indicate (✓) the name of the course being studied by the student:

CHC42315 Certificate IV in Chaplaincy and Pastor Care

HOPE COLLEGE CURRENT INSURANCE POLICIES:
Public and Products Liability Protection: ACSMLA01
Professional Indemnity Insurance: 03 MIS 1417427
School Student Accident Cover : 1102000417-3
Workers Compensation: IAD151082350

WE AGREE to the Work-based Training of the student with the Work-based Training Provider on the following terms, covenants and conditions:

- 1) The provisions of ss. 107-132 of the Vocational Education, Training and Employment Act 2000 are adopted and incorporated into this agreement and operate as terms, covenants and conditions of this agreement.
- 2) The work-based training commences on _____ (Date of commencement of course)
- 3) and concludes on or before _____ (Date of completion of course)
- 4) The work-based training will occur at (insert physical address) _____

- 5) The "Work-Based Training Plan" has been agreed to and signed in accordance with sections 126, 127 and 128 of the Act. The duration of the work-based training constituting the approved training scheme may be up to but not exceeding 240 hours per year.
- 6) The Work-Based Training Provider has the facilities, range of work and can provide the supervision necessary to ensure the training for the student, according to section 119 of The Act.
- 7) The rights and obligations of the parties are as set out in the: Vocational Education, Training and Employment Act 2000 (sections 107 to 132) Training and Employment Regulation No: 30 and Training and Employment guidelines 3 and 4.
- 8) The Work-Based Training Provider may cancel the Agreement at any given time should the student be in breach of the organisation's code of conduct. This notification must be given in writing to Hope College.
- 9) The Work-Based Training Provider has entered into an approved insurance policy with the meaning of that term for the

SIGNED, SEALED AND DELIVERED BY:

STUDENT SIGNATURE _____ **WITNESS SIGNATURE** _____ **DATE** _____

PROVIDER SIGNATURE _____ **WITNESS SIGNATURE** _____ **DATE** _____

HOPE COLLEGE SIGNATURE _____ **WITNESS SIGNATURE** _____ **DATE** _____

OFFICE USE Received: _____ Approved: Yes No WBT Officer _____

If **not approved** – student is informed of unsatisfactory result * Student informed Date: _____