



# WORK-BASED TRAINING AGREEMENT

Student ID

## **BETWEEN STUDENT DETAILS**

FULL NAME

ADDRESS

POSTAL ADDRESS

DATE OF BIRTH  PHONE/MOBILE

EMERGENCY CONTACT PHONE PERSON

## **AND WORK-BASED TRAINING PROVIDER DETAILS**

LEGAL NAME

TRADING NAME (if different)

POSTAL ADDRESS

CONTACT OFFICER  CONTACT PHONE

## **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

**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

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

**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 1684824

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 purposes of s. 125 of the Act.

**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: \_\_\_\_\_