



# WORK-BASED TRAINING AGREEMENT

Student ID

## **BETWEEN**                      **STUDENT DETAILS**

FULL NAME

ADDRESS

POSTAL ADDRESS

DATE OF BIRTH                       PHONE/MOBILE

EMERGENCY CONTACT 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](mailto: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

**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) \_\_\_\_\_

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- 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.

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

<input type="checkbox"/>	10742NAT Certificate IV in Christian Ministry and Theology	<input type="checkbox"/>	10745NAT Graduate Certificate in Christian Ministry and Theology
<input type="checkbox"/>	10743NAT Diploma of Christian Ministry and Theology	<input type="checkbox"/>	10746NAT Graduate Diploma of Christian Ministry and Theology
<input type="checkbox"/>	10744NAT Advanced Diploma of Christian Ministry and Theology	<input type="checkbox"/>	

**HOPE COLLEGE INSURANCE:**

**A.** Students who perform WBT with and for the benefit of Hope of the Gold Coast Ltd trading as Hope Church (WBT Provider) will come under Hope of the Gold Coast Ltd's Public Liability, Professional Indemnity and Personal Accident Voluntary Workers insurances and Workers Compensation cover. **Hope College current Insurance Policies:**

**P.L.** ACSMLA01      **P.I.** 03.MIS.1684824      **P.A.V.W.** 1102000417-3      **W.C.** WNA990112638

**WORK-BASED TRAINING PROVIDER INSURANCE:**

**B.** Students who perform WBT with any other organisation (other church, denomination, or any incorporated or non-incorporated company or body (WBT Provider) will come under their Public Liability, Professional Indemnity and Personal Accident Voluntary Workers insurances and Workers Compensation cover. **Please complete Insurance Policy Numbers:**

**P.L.**       **P.I.**

**P.A.V.W.**       **W.C.**

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