



WORK-BASED TRAINING AGREEMENT

Student ID

BETWEEN STUDENT DETAILS

FULL NAME

ADDRESS

POSTAL ADDRESS

DATE OF BIRTH PHONE/MOBILE

EMERGENCY CONTACT PERSON PHONE

AND PARENT OR GUARDIAN DETAILS

(if the student is younger than eighteen years of age and is in the care and control of a parent or guardian)

FULL NAME

ADDRESS

POSTAL ADDRESS

PHONE

PARENT/GUARDIAN SIGNATURE

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 5501 8000

ADDRESS:
Building 4
175 Varsity Parade
Varsity Lakes QLD 4227

POSTAL ADDRESS:
PO Box 35
Varsity Lakes QLD 4227

CONTACT DETAILS:
PH: 07 5501 8000
FX: 07 5501 8060
EM: reception@hopecollege.com
W: www.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)
- 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/delivered to the student:

10432NAT Certificate III in Christian Ministry and Theology	10436NAT Graduate Certificate in Christian Ministry and Theology
10433NAT Certificate IV in Christian Ministry and Theology	10437NAT Graduate Diploma of Christian Ministry and Theology
10445NAT Diploma of Ministry (Christian Studies)	CHC42315 Certificate IV in Chaplaincy and Pastoral Care
10435NAT Advanced Diploma of Christian Ministry and Theology	10445NAT Diploma of Ministry (Pastoral Care)

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.0968485 **P.A.V.W.** ACS0026002 **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: _____