

# **NOTIFICATION OF ARRANGEMENTS**

## **STUDENT DETAILS**

Surname: \_\_\_\_\_

Student First/Given Name: \_\_\_\_\_

Gender:      Male       Female       Date of Birth: \_\_\_\_\_

School where Year 10 was completed: \_\_\_\_\_

Last school enrolled at: \_\_\_\_\_

## **PARENT/GUARDIAN DETAILS (or Independent Student)**

Parent /Guardian Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

Mailing Address [if different to Residential] \_\_\_\_\_

State: \_\_\_\_\_      Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_      Mobile: \_\_\_\_\_      Email: \_\_\_\_\_

## **EMPLOYER/TRAINER DETAILS**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: [if different] \_\_\_\_\_

Start Date: \_\_\_\_\_      Hours per week employed/training: \_\_\_\_\_

Employment type:    Fulltime    Casual/Part-time    Apprentice/Trainee    Training

Business Contact

Name: \_\_\_\_\_      Position: \_\_\_\_\_

Phone: \_\_\_\_\_      Fax: \_\_\_\_\_      Email: \_\_\_\_\_

***This form must be forwarded to the Participation and Pathways Division – Department of Education  
Post: GPO Box4821 Darwin 0801 NT.    Email: [learnorearn.det@nt.gov.au](mailto:learnorearn.det@nt.gov.au)***