



MINTRAC

NATIONAL MEAT INDUSTRY TRAINING ADVISORY COUNCIL LIMITED



Apprentice Butchers Club

Please complete this form and return to MINTRAC by email, mail or fax

Mail to: MINTRAC – ATTN: Apprentice Butchers Club 2/150 Victoria RD
Drummoynes NSW 2047 FAX: (02) 9819 6099

Email: abalshaw@mintrac.com.au

Apprentice application form

Section 1: Contact information

Joining the Apprentice Butchers Club will give you the benefit of being paired with a fully trained mentor selected by leading industry professionals.

Apprentice Name	
Address	
Date of birth	
Email address	
Phone number	
Apprenticeship commencement date	
TYIMS number (Available through apprenticeship centre or RTO)	
Employer's name	
Business Name	
Business address	
Business telephone number	
Business email address	
Registered Training Organisation (RTO)	
Trainer's name	
Trainer's email address	
Trainer's telephone number	

SUITE 2, 150 VICTORIA RD, DRUMMOYNE NSW 2047 PH: (02) 9819 6699 FAX: (02) 9819 6099

ABN NO. 28 058 494 063ACN 058 494 063

Email Address: mintrac@mintrac.com.au Website: mintrac.com.au

Section 2: Apprentice's statement

Please tick either 'yes' or 'no' for each of the following statements.

	Yes	No
I am in my first year of training		
I rarely meet with other apprentice butchers		
I work in a regional or remote area		
I am sure that this is the right career for me		
I am willing to be paired with a trained mentor		
I have support from my employer to become a member of Apprentice butchers club		
I have support from my parent and/or guardian to become a member (for apprentices under the age of 18)		
I have signed and understand the privacy notice attached		

What do you like *most* about being an apprentice butcher?

What do you like *least* about being an apprentice butcher?

Please explain why you would like to be a member of the Apprentice Butchers Club – “a new approach to mentoring “

Your signature: _____ Date _____

Signature of parent or guardian (for apprentices under the age of 18)

Name: _____

Relationship to apprentice: _____

Signature: _____

Date: _____

PRIVACY NOTICE

Australian Apprenticeships Mentoring Program ('the Program')

I understand that:

(insert name)

- (a) **MINTRAC** will collect my Personal Information as that term is defined in section 6 of the *Privacy Act 1988*, including:
- Personal data, such as my name and date of birth;
 - Employer and apprenticeship/traineeship details; and
 - Residential address.
- (b) **MINTRAC** will collect my Personal Information for the purposes of administering and coordinating my participation in the Program, and delivering services to me. My personal information will be used to:
- Administer the Program;
 - Train and assess staff;
 - Report on and evaluate the Program;
 - Link me with appropriate services to assist me in completing my apprenticeship/traineeship; and
 - Research and evaluate the Building Australia's Future Workforce Initiative.
- (c) **MINTRAC** may disclose some or all of my Personal Information to the following:
- the Department of Industry, Innovation, Science, Research and Tertiary Education (DIICCSRTE), including DIICCSRTE's Ministers, to enable DIICCSRTE to report on and evaluate the Program;
 - Other Australian Government agencies, for the purposes of researching and evaluating the Building Australia's Future Workforce Initiative; and
 - the contractors or agents of any of the above organisations.
- (d) **MINTRAC** and DIICCSRTE may also disclose my personal information to another party without my consent where authorised or required by law, but will not disclose my personal information to another party in any other circumstance.

I consent to the release of my personal information for the above purposes.

.....
(Signature of participant)

.....
(Date)

If the above statement was read to you, please indicate the person who assisted you.

.....
(Name)

.....
(Relationship)