# Form DOETA1 — Application for tutorial assistance funding for students with additional educational needs

### *For state school-based apprentices and trainees*

This form is completed by the school. The completed form should be scanned and emailed to VETinSchools@qed.qld.gov.au at least 28 days prior to the provision of tutorial assistance.

**Privacy Statement:** *The Department of Education (DoE) is collecting the information on this form in accordance with the* [*Information Privacy Act 2009* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) *and section 426 of the* [*Education (General Provisions) Act 2006* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039) *in order to arrange tutorial assistance for state school-based apprentices or trainees. The information will only be used by authorised employees within the DoE/school/SRTO)/employer. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.*

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| **Section 1: School details** | | | | |  | | | | | |
| School name: | | | | | | | | | | |
| School address: | | | | | | | | | Postcode: | |
| SATs coordinator name: | | | | | | | | | | |
| School telephone: | | | | | | | | | | |
| School email: | | | | | | | | | | |
| **Section 2: Student details** | | | | |  | | | | | |
| Surname: | | First name: | | | Training contract registration number: | | | | | |
| Traineeship/Apprenticeship type: | | | | | | | | | | |
| **Section 3: Supervising Registered Training Organisation (SRTO) details** | | | | | | | | | | |
| SRTO name: | | | | | | | | | | |
| SRTO address: | | | | | Postcode: | | | | | |
| SRTO contact name: | | | | | | | | | | |
| SRTO telephone: | | | | | SRTO email: | | | | | |
| **Section 4: Summary of student’s education and training support needs** | | | | | | | | | | |
| *The following documents have been attached:*  Student plan for personalised learning  Yes  No | | | | | | | NB. A copy of the SAT Training Plan must be attached to this application. | | | |
| DDA Disability record from OneSchool  Yes  No | | | | | | |
| **Section 5: Details of tutorial assistance to be provided** | | | | | | | | | | |
| **Date**  **(dd/mm/yyyy)** | **Unit of competency** | | **Description of:**   * **assistance to be provided** * **assistance provider** * **cost per hour** | | | **Hours claimed (max. applies)** | | | **(Office use only)**  **Cost per hour ($)** | **(Office use only)**  **Total cost ($)** |
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| Principal signature: | | | Date:      /     / | Total hours | |  | | |  |  |
| NB. A copy of the quote provided by the assistance provider must be attached to this application. | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | |  | | |
| Approving officer name: | | | | | Position: | | | | | |
| Signed: | | | | | Date:      /     / | | | | | |