# Form DOETA1 — Application for tutorial assistance funding for students with additional 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.*

|  |  |
| --- | --- |
| **Section 1: School details** |  |
| School name:        |
| School address:       | Postcode:       |
| Principal or Nominated officer 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 ($)** | **(Office use only)****Total cost ($)** |
|      /     /      |       |       |       |  |  |
|      /     /      |       |       |       |  |  |
|      /     /      |       |       |       |  |  |
|      /     /      |       |       |       |  |  |
|      /     /      |       |       |       |  |  |
| 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:      /     /      |