

HOST TRAINER AGREEMENT

COMPANY NAME: _____ YEAR ESTABLISHED _____

BUSINESS/TRADING NAME: _____

AWARD/INDUSTRIAL AGREEMENT APPLICABLE: _____

COMPANY PARTNERSHIP SOLE TRADER (please tick one)

POSTAL ADDRESS: _____

BUSINESS ADDRESS: * _____ LEASED OWNED UNDER FINANCE

***Important – please complete**

PHONE: _____ MOBILE: _____

FAX: _____ EMAIL: _____

ABN: _____ BSA NO. (IF APPLICABLE) _____

CONTACT PERSON: _____

BANK/BRANCH: _____ ACCOUNT NUMBER: _____

TRADE REFERENCES:-

1. NAME	BRANCH	PHONE
2. NAME	BRANCH	PHONE
3. NAME	BRANCH	PHONE

I/We declare the above information is true and correct, and authorise any inquiries or searches to be conducted with credit agencies and any other company deemed necessary in the future without further reference or notice being required to be given by Apprenticeships Queensland. I/we understand Apprenticeships Queensland reserves the right to refuse credit in this application without expressing reasons for any such refusal. Apprenticeships Queensland reserves the right to change its terms and conditions from time to time where required and will undertake to advise the host trainer of any changes within 14 days of changes occurring.

CLIENT OBLIGATIONS

I/We acknowledge that Apprenticeships Queensland is not performing the services required of its employees but is instead the supplier of its employees, at our request, to perform the work that I/we have requested. From the time that Apprenticeships Queensland employees report to me/us for their duties they are under our care, control and supervision for the duration of the assignment.

In these circumstances, I/we agree that Apprenticeships Queensland will not be liable to me/us in respect of any damage, loss or injury of whatsoever nature or kind, however caused, whether by our negligence on the part of Apprenticeships Queensland or the negligence of one of its workers, its servants or agents or otherwise, which may be suffered or incurred, whether directly or indirectly, in respect of the services provided under these conditions of assignment.

WORKPLACE HEALTH AND SAFETY

I/We certify that I/we have a current Workplace Health and Safety policy and that the procedures contained in that policy are adhered to in my/our workplace. I/We certify that I/we will provide a workplace specific safety induction course for the apprentice prior to his/her starting work.

WORKCOVER

I/We note specifically that the Apprenticeships Queensland WorkCover policy does not protect me/us in the case of a Common Law Claim. My/Our Public Liability Insurance should cover such claims. I/We will ensure that I/we am/are adequately covered.

PAYMENT DEFAULT POLICY

I/We acknowledge Apprenticeships Queensland's policy that payment default has occurred whenever our account is 60 days overdue, a negotiable instrument offered in payment is dishonoured, or a judgment of \$5,000 or more is made against us. In the event of any of the above, we understand that the account will be issued to commercial agents and we will be charged an amount of 10% on all outstanding balances in interest and administration costs.

Information on this form is collected, used and disposed of in accordance with the National Privacy Principles. By lodging this form with Apprenticeships Queensland, you are agreeing to receive electronic commercial communications eg SMS messages.

SIGNED: _____

DATE: _____

PRINT NAME AND POSITION: _____

PLEASE COMPLETE IF SUBMITTING ON BEHALF OF A COMPANY

DIRECTORS GUARANTEE

I/We _____

Hereby guarantee the performance and payment of account(s) in all and any dealings with Apprenticeships Queensland. This guarantee is enforceable jointly and severally against all parties signing below. This guarantee shall not be affected or discharged by any change in relationship which may now or hereafter exist between ourselves and the debtors. I/We state we understand this guarantee is continuous and no change in the constitution of the debtor firm (if applicable) shall affect, impair or discharge my/our liability under this guarantee whether past present or future. I/We agree to be bound by the terms and conditions and state that we have read and understood and received a copy of these terms and conditions. I/We understand this agreement is conditional upon an authorised representative signing and agreeing to this agreement, and Apprenticeships Queensland reserves the right to repudiate and cancel this agreement at any time without further notice to me/us.

Signed _____

Signed _____

(Print Name) _____

(Print Name) _____

Witnesses please note: You must not be a relative of the signatory above.

Witness _____

Witness _____

(Print Name) _____

(Print Name) _____

FOR THE USE OF APPRENTICESHIPS QUEENSLAND ONLY

OFFICE USE ONLY

This is to signify that a person duly authorised by the board of Apprenticeships Queensland agrees to accept the agreement between the above mentioned parties on behalf of Apprenticeships Queensland.

Signed: _____

Date: ___/___/___

OFFICE USE ONLY

COMPANY DETAILS

CHECKED: _____ DATE: _____

REFERENCES CHECKED: _____ LIMIT: _____

APPROVED: _____ APPLICANT NOTIFIED _____