



For assistance in completing this form call the Skills Infoline on 1800 673 097

Complete and submit this request to exceed the supervision ratio guidelines.

This form relates to Standard 5, Supervision which stipulates the number of apprentices or trainees who can be supervised by any one person.

An employer must not exceed the supervision ratios unless they have applied for and received written approval from Traineeship and Apprenticeship Services, and they must also comply with any conditions set out in that written approval. For more detail refer to Standard 5, Supervision. [Supervision Standard](#)



Required fields are indicated with a red asterisk on the right-hand side: *

1. Employer Details

Legal Name:	*
Trading Name:	*
ABN:	*
Worksite Physical Address:	*

2. Employer Contact Details

Contact Person:	*
Position Title:	*
Phone Number:	*
Mobile Number:	*
Email:	*

3. Application Details

Name of Apprentice/Trainee:	*	
Training contract number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>	*
Current Supervision Ratio for this Apprentice/Trainee (Low, Medium, High)	<input type="text"/>	*
What trade/vocation are you requesting to exceed ratio:		*
What are the reasons for you applying to exceed the nominated supervision ratio?		*
Does the apprentice bring with them formal or informal training, skills or experience in the nominated trade or vocation or do they have special circumstances that need to be considered? (please provide or attach details)		*

How will the appropriate supervision be provided under an alternative ratio *

What steps have you taken to recruit employees able to supervise this apprentice/trainee?
(please provide evidence) *

Is there any other information you wish to provide in relation to this application?

4. Signature

If you have not discussed this application Traineeship and Apprenticeship Services, you may be contacted. You are advised to retain a copy of this form for your records.

Employer representative signature	Print name: *
	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Apprentice/Trainee signature	Print name: *
	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

You are advised to retain a copy of this form for your records.

Please submit your application to:
Email: education.tasforms@sa.gov.au
Post: **Traineeship and Apprenticeship Services**
GPO Box 1152, Adelaide SA 5001

For assistance or more information please:
Call the **Skills Infoline** on 1800 673 097
Or visit us at www.skills.sa.gov.au/apprentices