

## Employer Details

Trainee Name:			
Employer Name:			
Legal Company name:			
Industry		ABN	
Business Address:			
Postal Address:			
Contact Person:		Position:	
Telephone:		Fax:	
Email address:			

### **Supervisor and Trainee Ratio Details:**

Trainee Supervisor Name:			
Telephone (wk)		Mobile:	
Email address:		Position:	

Ratio of supervisors to trainees:	1:1	2:1	3:1	Other
Any necessary notes:				

### **Declaration**

- I understand my duties and role as an employer in the provision of adequate supervision for the trainees and will ensure the provision of workplace training, supervision and assessment according to the requirements of the training plan. I agree to provide the facilities and expertise to train the trainee in the competencies set out in the agreed training plan.
- I confirm that the allocated supervisor is qualified to supervise the trainee/s and that they are permanently engaged at the same workplace as the trainee and are predominantly employed over the same hours as the trainee.
- I agree to provide adequate time on the job for the trainee to complete training as set out in the training plan. I agree to abide by all regulations of Jigsaw Training Academy.

Signature of employer: \_\_\_\_\_ Date: \_\_\_\_\_