



Group Training Trainee/ Apprentice Form

<http://www.csu.edu.au/division/hr/hr-forms/index2.htm>

Do NOT use this form for new entrant or existing worker trainees

Personal Details

Note: For appointees, please ensure Surname and Given Names are spelt correctly. Please forward completed forms to hr@csu.edu.au

Surname

Given Names

Courtesy Title (eg. Mr/Ms)

Gender

Male

Female

Date of Birth

Start Date

End Date

Faculty / School / Division

Address of Trainee/Apprentice

Campus Location

Position Title

Supervisor's Name

Supervisor's Position Number

Section Account Code (required by system – not for payment purposes)

Authorisation

Band 6 delegate or above

[Who is this?](#)

_____ Name

_____ Signature

_____ Date

This form needs to be submitted to hr@csu.edu.au prior to commencement of appointment to enable access to CSU systems. This form will be returned to you if not completed in full.

Press button to submit via email or mail to:

HR Service Centre
Division of Human Resources
Phillips Building(C1-1)
Bathurst Campus

Submit via Email

HR Use Only:

Checked:

Job No: