



The Electrotechnology Industry Group Training Company Ltd

Apprentice Name:

Industry training

Host Employer Company Name:

For Period Week Ending Friday

/ 20.....

EBA Award

Year: Employee Code:

DIRECTIONS (failure to comply will result in non payment)
 • Ensure 2 signatures are present
 • Fax to Head Office by midday Monday (02) 9741 1350

Day	Site Location	Start Time	Finish Time	Less Lunch	Total Ord Hours	OT 1.5	OT 2	Sick Leave	Public Hols	Tech	RDO	Fares/Travel	Site	Height	Productivity/ Site Allow	Other
Saturday																
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
TOTALS																

I certify that all details above are correct and I accept the Terms and Conditions of applicable contracts/.

Apprentice Signature

Supervisor Signature

Date

Date

To be completed by Host Employer

Presentation Punctuality Work Ethic WHS Tools

PERFORMANCE: Please rate the apprentice/trainee's performance this week in the following categories.

(Rate 1-10 eg. 1 = disappointing, 10 = excellent)

Comments:

To be completed by Apprentice/Trainee

SAFETY CHECK

1. Do you receive from your Host Employer:"

(a) Adequate instructions? YES NO

(b) Adequate supervision? YES NO

2. Does the Host Employer complete:

(a) Hazard identifications? YES NO

(b) Risk assessments? YES NO

3. Once completed, are controls implemented? YES NO

4. Are Safe Work Method statements used? YES NO

5. Does the Host Employer include you in:

(a) Tool box meetings? YES NO

(b) Risk assessments? YES NO

6. Do you have access to the Host Employers:

(a) Safety management systems? YES NO

(b) Site safety plan? YES NO

(c) Relevant codes of practice? YES NO

(d) Material safety data sheets? YES NO

7. Have there been any accidents in the last week? YES NO

8. Have there been any dangerous occurrences in the last week? YES NO

9. Do you have any WHS concerns? YES NO

If yes, please detail below on additional pages.
