

Notification of Arrangements Form

What is this form and why is it necessary?

Under the *NT EDUCATION Act (2018)*, young people of compulsory school age must be granted approval by the Minister (or delegate) to participate in activities instead of full-time school.

Except in certain circumstances outlined below, this 'Notice of Arrangements Form' must be completed and lodged with the Department of Education for such approval to be granted.

Notice of Arrangements (NOA)

A NOA is specifically used for young people in the final years of compulsory education (typically Year 11 and 12). An NOA is used for an alternative to full time school in one or more activities such as approved forms of education, training or employment. A combination of activities is permissible provided they equate in total to full-time participation (average 25hrs a week).

Students who have reached the age of 15 and not yet completed year 10 may enter a flexible learning plan with the school to participate in alternate options. Please contact the Department of Education's Eligible Options Advisor (see below) for more information if required.

Once approved, NOAs remain in force until either:

- the young person ceases to participate in the approved activity.
- there is a variation to the approved activity (e.g., a change from full-time to part-time, or the employment or training course changes).
- the notice is cancelled; or
- the young person is no longer of compulsory school age.

A NOA that is not approved or no longer in force requires the young person to re-enrol in full-time school or submit a new 'Notice of Arrangements Form' seeking approval for participation in another alternative activity if they have not yet reached the age of 17.

When is a 'Notice of Arrangements Form' not required?

Young people in Year 11 or Year 12 must be on an approved NOA unless they are:

- enrolled full-time at school.
- enrolled and participating in a school-based apprenticeship or traineeship, and a completed contract has been lodged with the relevant training Organisation.
- educated at home in accordance with section 46 of the *NT Education Act 2018*; or
- no longer of compulsory school age, as determined by the *NT Education Act 2018*.

Please contact the Department of Education's Eligible Options Advisor for more information if required.

Please complete all relevant sections in block letters and black pen. The form cannot be processed until this has been completed.

LODGING THE FORM

Complete this form and lodge the original with :

- Senior Eligible Options Advisor
Eligibleoptions.doe@education.nt.gov.au
- local Education Regional Office; or
- school where the young person is or was last enrolled.

For enquiries:

Senior Eligible Options Advisor
Jennifer Preest
Telephone: 0889870875 / 0409153283
Email : Eligibleoptions.doe@education.nt.gov.au

OFFICE Use Only	Date Received		UPN	
-----------------	---------------	--	-----	--

REASON FOR LODGING NOTIFICATION OF ARRANGEMENTS FORM

<p>FULL TIME: (Please tick one)</p> <p><input type="checkbox"/> Registered Training Organisation (RTO)</p> <p><input type="checkbox"/> Transition to Work /Workforce Australia</p> <p><input type="checkbox"/> University/higher education institution</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Apprenticeship</p>	<p>PART TIME:</p> <p><input type="checkbox"/> RTO</p> <p><input type="checkbox"/> Transition to Work Workforce Australia</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> University/higher education institution</p> <p><input type="checkbox"/> Apprenticeship/traineeship</p> <p><input type="checkbox"/> More than one employment</p>
--	---

REASON FOR SEEKING AN ALTERNATIVE ARRANGEMENT(S) TO FULL TIME SCHOOL:

STUDENT DETAILS

FIRST GIVEN NAME:		
SECOND GIVEN NAME:	SURNAME :	
HOME ADDRESS:		
		POST CODE:
DATE OF BIRTH: ___/___/___	ABORIGINAL Y/N	PLEASE CIRCLE: M F
TELEPHONE:	MOBILE:	EMAIL:
NAME OF CURRENT (OR MOST RECENT) SCHOOL WHERE THE YOUNG PERSON IS (WAS) LAST ENROLLED OR COMPLETED YEAR 10.		
<hr/>		

PARENT /GUARDIAN DETAILS

PLEASE CIRCLE TITLE: MR MISS MRS	SURNAME(S):	
FIRST NAME(S):		
HOME ADDRESS (if different to young person's home address):		
		POST CODE:
MAILING ADDRESS (If different to above):		
		POST CODE:
TELEPHONE:	MOBILE:	EMAIL:
<hr/>		

- I understand and agree for my son/daughter to undertake an alternative activity to full time school as indicated on this form.
- Should the activity described on this form change or cease, I agree to inform the Participation Unit and either re-enrol my son/daughter in school or lodge another Notice of Arrangements for an alternative activity.
- I agree to the Department of Education verifying with the relevant training provider or employer the information provided on this Notice of Arrangements form.
- I agree to the Department of Education notifying the training provider or employer (written on this form) regarding the outcome of this application.

*PARENT NAME: _____

*PARENT SIGNATURE: _____

DATE: ____/____/____

*Parent referred to in this document must be deemed at law to have the long-term and day to day care, welfare and development of the child. If in the opinion of the Minister (or delegate), there is no person to whom 'parent' can be identified, then it is an adult person who is responsible for the child. If a child is living independently then they can sign the form themselves.

SECTION 3. TO BE COMPLETED BY EMPLOYER

EMPLOYMENT 1 (Please print using block letters)

STUDENT/EMPLOYEE'S PROPOSED JOB DESCRIPTION:

NAME OF WORKPLACE:

ADDRESS OF WORKPLACE:

POST CODE:

NUMBER OF DAYS PER WEEK:

NUMBER OF HOURS PER WEEK:

COMMENCEMENT DATE: ___/___/_____

CONTACT PERSON:

ABN:

TELEPHONE:

FAX:

EMAIL:

EMPLOYER'S SIGNATURE:

DATE: ___/___/_____

STUDENT/EMPLOYEE'S PROPOSED JOB DESCRIPTION:

EMPLOYMENT 2 (Please print using block letters)

NAME OF WORKPLACE:

ADDRESS OF WORKPLACE:

POST CODE:

NUMBER OF DAYS PER WEEK:

NUMBER OF HOURS PER WEEK:

COMMENCEMENT DATE: ___/___/_____

CONTACT PERSON:

ABN:

TELEPHONE:

FAX:

EMAIL:

EMPLOYER'S SIGNATURE:

DATE: ___/___/_____

SECTION 4. TRAINING PROVIDER (if relevant.) (Must be completed for apprenticeship)

NAME OF PROPOSED COURSE/PROGRAM:

COURSE CODE:

NAME OF EDUCATION/TRAINING INSTITUTE:

ADDRESS:

POST CODE:

DAYS PER WEEK:

HOURS PER WEEK:

CONTACT PERSON:

TELEPHONE:

MOBILE:

EMAIL: