

D16/0271804

NOTICE OF ARRANGEMENTS (NOA) FORM

What is this form and why is it necessary?

Under the *School Education Act (1999)*, 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 in order 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.

NOAs are only applicable for young people of certain ages. Youths who are younger than typical Year 11 students or older than typical Year 12 students may not be eligible for a NOA. Please contact the Department of Education's Participation Unit (see below) for more information if required.

Once approved, NOAs remains 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A NOA that is not approved or no longer in force requires the young person to re-enrol in full-time school or submit a new 'Notice of Arrangements Form' seeking approval for participation in another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.

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

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

- enrolled full-time at school;
- enrolled and participating in a full-time course at a TAFE and have completed and signed the Parent and Health Consent form lodged with TAFE;
- enrolled and participating in a full-time apprenticeship or traineeship, and a completed contract has been lodged with Department of Training & Workforce Development, Apprenticeship Office;
- educated at home in accordance with section 10 of the School Education Act 1999; or
- no longer of compulsory school age, as determined by the School Education Act 1999.

Please contact the Department of Education's Participation Unit for more information if required.

LODGING THE FORM

Complete this form and lodge the original with the:

Participation Unit
 Department of Education
 151 Royal Street
 EAST PERTH WA 6004

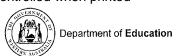
For enquiries:

Website: www.det.wa.edu.au/participation
Telephone: 9264 8167 (metropolitan)
1800 245 485 (country)

Email: participation.CO@education.wa.edu.au

- local Education Regional Office; or
- school where the young person is or was last enrolled

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NOTICE OF ARRANGEMENTS (NOA)

OFFICE	DATE RECEIVED:	SCSA Nu	mber:	NOTIC	E NUMBER:		
USE ONLY							
REASON FOR	LODGING THE NOT	ICE					
FULL TIME: (Please tick one)			PART TIME: (Tick two or more to equal a full time activity)				
Private Registered Training Organisation (RTO) Community Based Course (CBC) University/higher education institution Employment			RTO CBC Employment TAFE		University/higher education institution Apprenticeship/traineeship More than one employment School		
SCHOOL PLEASE COMPLETE FOLLOWING DETAILS IF COMBINATION INCLUDES SCHOOL							
NAME OF SCHOOL:							
SCHOOL CODE (IF KNOWN):							
NUMBER OF D	AYS PER WEEK:		NUMBER OF HOUR	S PER WEEK	⟨:		
SECTION 1a: STUDENT DETAILS (Please print using block letters)							
LEGAL SURNAME:							
FIRST GIVEN NAME:							
SECOND GIVE	N NAME:			THIRD INITIAL:			
HOME ADDRESS:							
				_	POST CODE:		
DATE OF BIRTH	H://			PLEASE CIF	RCLE: M F		
TELEPHONE:	PHONE: MOBILE:			EMAIL:			
NAME OF CURRENT (OR MOST RECENT) SCHOOL WHERE THE YOUNG PERSON IS (WAS) LAST ENROLLED (If not indicated above):							
SECTION 1b: PARENT DETAILS (Please print using block letters)							
PLEASE CIRCLE TITLE: MR MISS MRS MS 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:			

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SECTION 2: PARENT REQUEST AND CONSENT						
REASON FOR SEEKING AN ALTERNATIVE ARRANGEMENT(S) TO FULL TIME SCHOOL:						
 Should the activity described son/daughter in school or lo I agree to the Department of this Notice of Arrangements 	d on this form change or dge another Notice of Ar Education verifying with form.	cease, I agree to inform the larrangements for an alternative in the relevant training provide	o full time school as indicated on this form. Participation Unit and either re-enrol my e activity. or or employer the information provided on (written on this form) regarding the outcome			
*PARENT NAME:						
*PARENT SIGNATURE:						
DATE://						
*Parent referred to in this document must opinion of the Minister (or delegate), there	be deemed at law to have t is no person to whom 'pare	the long-term and day to day care ent' can be identified, then it is ar	e, welfare and development of the child. If in the n adult person who is responsible for the child.			
SECTION 3: TO BE COMPLETE	ED BY EMPLOYER (if	relevant)				
EMPLOYMENT 1 (Please print us	sing block letters)					
STUDENT/EMPLOYEE'S PROPOS	ED JOB DESCRIPTION	1:				
NAME OF WORKPLACE:						
ADDRESS OF WORKPLACE:						
			POST CODE:			
NUMBER OF DAYS PER WEEK:		NUMBER OF HOURS P	ER WEEK:			
COMMENCEMENT DATE:	//					
CONTACT PERSON:		ABN:				
TELEPHONE:	FAX:	EMAIL:				
EMPLOYER'S SIGNATURE:		DATE:	//			

EMPLOYMENT 2 (if relevant) STUDENT/EMPLOYEE'S PROI	POSED JOB DESCRIPTION	DN:				
NAME OF WORKPLACE:						
ADDRESS OF WORKPLACE:						
		POST CODE:				
NUMBER OF DAYS PER WEE	K :	NUMBER OF HOURS PER WEEK:				
COMMENCEMENT DATE:	//	_				
CONTACT PERSON:		ABN:				
TELEPHONE:	FAX:	EMAIL:				
EMPLOYER'S SIGNATURE:		DATE:/				
SECTION 4: TRAINING PRO	VIDER (If relevant)					
Please print using block letter						
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:				