



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A NOA that is not approved or no longer in force requires the young person to re-enrol in full-time school or submit a new 'Notice of Arrangements Form' seeking approval for participation in another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

<p>Complete this form and lodge the original with the:</p> <ul style="list-style-type: none"> • Participation Unit Department of Education 151 Royal Street EAST PERTH WA 6004 	<p>For enquiries:</p> <p>Website: www.det.wa.edu.au/participation Telephone: 9264 8167 (metropolitan) 1800 245 485 (country) Email: participation.CO@education.wa.edu.au</p> <ul style="list-style-type: none"> • local Education Regional Office; or • school where the young person is or was last enrolled
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NOTICE OF ARRANGEMENTS (NOA)

OFFICE USE ONLY	DATE RECEIVED:	SCSA Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									NOTICE NUMBER:

REASON FOR LODGING THE NOTICE

FULL TIME: (Please tick one) <input type="checkbox"/> Private Registered Training Organisation (RTO) <input type="checkbox"/> Community Based Course (CBC) <input type="checkbox"/> University/higher education institution <input type="checkbox"/> Employment	PART TIME: (Tick two or more to equal a full time activity) <input type="checkbox"/> RTO <input type="checkbox"/> CBC <input type="checkbox"/> Employment <input type="checkbox"/> TAFE <input type="checkbox"/> University/higher education institution <input type="checkbox"/> Apprenticeship/traineeship <input type="checkbox"/> More than one employment <input type="checkbox"/> School
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<u>SCHOOL</u>	PLEASE COMPLETE FOLLOWING DETAILS IF COMBINATION INCLUDES SCHOOL
NAME OF SCHOOL: _____	
SCHOOL CODE (IF KNOWN): _____	
NUMBER OF DAYS PER WEEK: _____	NUMBER OF HOURS PER WEEK: _____

SECTION 1a: STUDENT DETAILS (Please print using block letters)

LEGAL SURNAME:	
FIRST GIVEN NAME:	
SECOND GIVEN NAME:	THIRD INITIAL:
HOME ADDRESS:	
	POST CODE:
DATE OF BIRTH: ___/___/_____	PLEASE CIRCLE: M F
TELEPHONE:	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:	

SECTION 2: PARENT REQUEST AND CONSENT

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

- 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.

SECTION 3: TO BE COMPLETED BY EMPLOYER (if relevant)

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: ___/___/_____	

EMPLOYMENT 2 (if relevant)

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: ___/___/_____	

SECTION 4: TRAINING PROVIDER (if relevant)

Please print using block letters

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: