

OCCUPATIONAL TRAINEE VISA

ACKNOWLEDGEMENT BY NOMINEE

Australia has an extensive Industrial Relations regime that protects the rights of both Australians and non-Australians working in Australia. As your occupational training programme in Australia involves activities that are unpaid you are required to complete this form to indicate an understanding of the basis of the appointment and an understanding of the relevant industrial relations laws.

I acknowledge that:

- I will be undertaking a work placement with the company named below for the specified period nominated while in Australia;

Name of Company

Period of placementmonths/weeks

- the placement is a learning-based training placement designed to assist in developing skills relevant to my tertiary education, current occupation or field of study, and will involve the observation of tasks performed by employees of the host or the performance of tasks under close supervision of the host;
- I understand that the work placement with the host is unpaid and that I will not receive any form of remuneration from the host for the period of my work placement;
- I am not an employee of the host while undertaking the occupational training;
- I understand that workplace relations laws make it unlawful to employ an employee and not pay them and that penalties may be imposed against any employer who breaches these laws;
- in considering this visa application, the Department of Immigration and Citizenship (the department) has not endorsed the proposed work placement as meeting the requirements of Australia's workplace relations laws and that the legal ramifications of my working arrangement are my responsibility; and
- I will agree to respond to all reasonable requests for information about my work placement from departmental officers or other Commonwealth agencies.

More information on working conditions in your occupation in Australia can be obtained by contacting the **Workplace Infoline of the Commonwealth Workplace Authority on**

1300 363 264. This number may also be used to lodge a complaint if you believe you are not receiving your correct payments or conditions.

Signature

Name (Block Letters)
.....

Name of nominator

Date/...../20.....