

HTN Apprentice/Trainee Referral



Referring Apprentice/Trainee details

Name: _____

Host Trainer venue: _____

Relationship to person being referred: _____

Date referring: _____

Details of Apprentice/Trainee being referred

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Expecting contact from HTN: Yes No

Signature of referring Apprentice/Trainee: _____

HTN Office Use

Consultant name: _____

Date received by Recruitment: ___/___/____ Recruitment Coord. name: _____

Date contact made with Candidate: ___/___/____

Contact outcome: _____

Placement Date: ___/___/____ Host Trainer: _____

Two week placement mile stone confirmed: _____

Sign- Up Date: ___/___/____ Date received by Payroll: ___/___/____ Date paid by EFT: ___/___/____

Payroll Signature: _____