Notification of Arrangements to participate in an Eligible Option

1. About this form

- A. Please read the information in sections 1 to 5 before completing this form.
- B. The form notifies of the intention to participate in an alternative program such as eligible option, comprising one or more of education or training, apprenticeship, traineeship or employment.
- C. This form only applies to children who have completed Year 10 and are not yet 17 years old. If the child does not meet these criteria, please contact your local school for advice on education programs.
- D. This form supersedes all previous versions.

2. About Eligible Options

- A. Section 38 of the Education Act 2015 [NT] requires that a compulsory school age child, under 17 years of age who has completed Year 10 must participate on a full-time basis in one of the following options:
 - approved education or training (s38(5) either school-based or external
 - if the child who is 15 years of age or older in paid employment or a combination of approved education or training and paid employment (s38(2)(a)(ii).
- B. The options referred to above are known as eligible options.
- C. A combination of activities is permissible provided they equate in total to an average of 25 hours or more a week.
- D. An approved Notification of Arrangements (NOA) must be in place for students participating in an Eligible Option that consists of non-school based employment or education and training such as an external eligible option.

3. About Notification of Arrangements (NOA)

- A. When is a NOA not required?
 - Where a child is enrolled and attending Year 11 or 12 at a school, or participating in another approved secondary education program such as home education. In these cases, the school or parent is responsible for the education arrangements for the child.
- B. When is a NOA required?
 - Where a child is participating in an external eligible option, the employer, training organisation
 or university is responsible for the child's education arrangements and the NOA must be
 completed by all participating parties.
- C. The NOA needs to be approved prior to the external eligible option commencing.
- D. An approved NOA remains in force until either:
 - the child ceases to participate in the approved activity
 - the child re-enrols in a school-based option



- there is a change to the activity, for example to employment, training course or provider
- the NOA is cancelled
- the child is no longer of compulsory school age.
- E. If a NOA is not approved or is no longer in force, the child must re-enrol in full-time school or submit a new NOA seeking approval for participation in an alternative activity if they have not yet reached the age of 17.

4. Terms and conditions

Parties to this NOA must sign the declaration in the relevant section of the NOA. In doing so they declare they understand and accept the terms and conditions relevant to their participation:

A. All parties

- Information provided in this NOA form is accurate to the best of their knowledge
- If the eligible option described in this form changes or ceases, all participating parties will inform the Eligible Options Coordinator within 7 days of the changes or cessation
- The Department of Education will follow up with parents, schools, education and training providers or employees to verify information provided in the NOA
- The Department of Education will notify parents, schools, education and training providers or employees of the outcome of the NOA application.

B. Parent or independent child

• If the approved eligible option described in this form changes or ceases, the parent or independent child must lodge another NOA form for an alternative Eligible Option, or the child must be enrolled and attending school or participating in an alternative approved program.

C. Employer

- Employment arrangements comply with Federal and Northern Territory acts, regulations, codes of practice and standards that apply to the industry
- Wages are in line with the employment award for the industry or, where there is no award, in line with the national minimum wage as set out in the *Fair Work Act* 2009.
- D. Education and training providers
 - Arrangements comply with applicable Federal and Northern Territory acts, regulations, codes of practice, frameworks and standards
 - All registered training organisations must comply with the VET Quality Framework.

5. Completing the NOA form

- A. The Parent and independent child must complete sections A to D
- B. The Employer, if applicable, must complete sections E and F
- C. The RTO or other education and training provider must complete sections G and H
- D. Please complete all relevant sections as fully as possible. Incomplete forms cannot be processed.
- E. Parties to the NOA will be advised of the outcome by letter.

Notification of Arrangements form

A. Parent or independent child details

Fields marked with an asterisk (*) are required. Fields marked with a caret (^) are for office use only.					
Student details					
Surname		First name			
Address					
Date of birth		Gender			
Phone		Mobile			
School enrolled at					
If not enrolled, school where Year 10 is completed					
Are you applying as an independent child?	□ No	☐ Yes If yes, go to Part B			
Parent details					
Surname		First name			
Address					
Phone		Mobile			
Email					
B. Reason for alternative arrangements					
Describe why you are seeking alternative arrangements to fulltime school					

C. Eligible options component of this NOA

C. Eligible options component of this NOA					
Chec	Check one box to indicate which options this NOA relates to				
	Employment only				
	Vocational	education a	and training (VET) or other education and training only		
	Apprentice	ship or trai	neeship		
	Combinatio	n of emplo	syment and VET, apprenticeship, traineeship or other education and training		
	Other If you chec	ked this bo	x, write a short explanation below:		
D. P.	arent or	indeper	ndent child declaration		
	aration	паорог			
I decl	lare I have re	ad and acc	ept the terms and conditions at section 4 that apply to me		
Name	e*				
Signa	nture* Date*				
E. Er	mployme	nt deta	ils		
	e of employe				
Name	e of workpla	ce			
Empl	Employer ABN				
Addr	Address of workplace				
Title	Title of position				
that v	ly describe t will be part o oyment				

Days per week		Hours per week	
Employment start date			
Employer's contact person			
Phone		Mobile	
Email			
Name of employee's workplace supervisor	Complete this section if different to employer's contact person:		

F. Employer declaration

Declaration			
I declare I have read and accept the terms and conditions at section 4 that apply to my organisation			
Employer's name*			
Name of the employer representative signing this declaration*			
Signature*	Date*		

G. Education and training provider

Provider information					
Please provide a detailed work plan if a course code is not provided					
Name of provider	ABN				
Address					
Course code*	Length of course				
Name of course					
Number of training days a week	Number of training hours a week				
Training start date					
Provider's contact person					

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Phone	Mobile	
Email		

H. Provider declaration

Declaration by provider	
I declare I have read and accept the	e terms and conditions at section 4 that apply to my organisation
Name of provider representative signing this declaration*	
Signature*	

Lodging the NOA form

Please lodge the completed form with:	For enquiries about eligible options or completing this form, please contact:		
Eligible Options Advisor eligibleoptions.doe@education.nt.gov.au ; or your local Education Regional Office; or the school your child is, or was last enrolled at.	Jennifer Preest, Eligible Options Advisor Telephone: 0889870875 or 0409153283 eligibleoptions.doe@education.nt.gov.au		

Office use only

Compliance and follow up checklist^						
Party^	Notes^			Compliance requirements met^		
Parent or independent child^					□No	☐ Yes
School^					□No	□ Yes
Employer^					□No	☐ Yes
Education and training provider^					□ No	□ Yes
Approval^						
Date application received^						
Decision^	☐ NOA approved^			A not app	roved^	
Date decision letter sent^						
Approver^						
Name^						
Position^						
Signature^		Date^				
Comments						