|  |
| --- |
| **TRAINING PROGRAM (407 VISA ONLY)** |

**Instructions for completing this form:**

All parts of this form are compulsory and must be signed by the Supervisor as they will form the basis of the information used by the Department of Immigration and Border Protection to assess the visa application. This form must be completed and forwarded to the **HR Service Centre**

|  |
| --- |
| **SECTION 1 - UNIVERSITY OF SYDNEY, SUPERVISOR AND TRAINEE DETAILS** |
| **Faculty of:**  | **School / Unit:**  |
| **Name of Supervisor:** (must be a staff member of the University): | **Email:**  |
| **Position:** | **Telephone number:**  |
| **Name of trainee or nominee:**  | **Email:**  |
| **Status of nominee: [ ]  Current enrolled student [ ]  Recent graduate (in past 12 months) [ ]  Current academic** **[ ]  Non-academic professional**  |
| **SECTION 2 - DETAILS OF TRAINING AT THE UNIVERSITY OF SYDNEY** |
| **Commencement date:** | **End date:** |
| **Objective of training at the University of Sydney:** |
| **Location of training activity (if trainee will attend other institutions or undertake field trips, please give details):** |
| **Title of research project to be carried out (if appropriate) or topic area:** |
| **SECTION 3 – TRAINING PLAN** |
| **TIME FRAME***(by month)* | **RESPONSIBILITIES/MAIN DUTIES** | **EXPECTED LEARNING OUTCOMES/ENHANCED SKILLS TO BE DEVELOPED** | **METHOD OF ASSESSMENT e.g. reports, weekly discussion, presentation.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note: Should further space be required, please continue training outline below**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME-FRAME***(by month)* | **RESPONSIBILITIES/MAIN DUTIES***Attach an additional sheet if required* | **EXPECTED LEARNING OUTCOMES/ENHANCED SKILLS TO BE DEVELOPED** | **METHOD OF ASSESSMENT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **SECTION 3 - CONFIRMATION BY SUPERVISOR (***tick each box below to indicate you acknowledge and confirm each of the University’s obligations)* |
| **[ ]** I acknowledge that I have assessed the affiliate’s English language proficiency and confirm that I am satisfied that they have an appropriate level of English to participate in the research program.**[ ]** The nominee’s skills and work experience are sufficient to enable him/her to complete the necessary activities for this training.[ ]  I have read and understood the [sponsorship obligations](https://www.border.gov.au/Trav/Visa-1/408-) of the University of Sydney pertaining to the Temporary Activity visa (subclass 407 Training Visa) as outlined on the [University of Sydney](http://sydney.edu.au/about/working-with-us/international/visiting-academics.shtml) and [DIBP](https://www.border.gov.au/Trav/Visa-1/407-) websites. I will ensure that any necessary notifications are provided to the HR Service Centre within the timeframes stipulated Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |