



## **Form 608 and Form 608a**

### **Occupational Assessment for an Australian Apprentice with disability**

**NOTE:** This form is designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents otherwise you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the Adobe website – [get.adobe.com/reader/](http://get.adobe.com/reader/)

#### **Purpose of this form**

This form is one of a suite of forms used to apply for and claim assistance for employing an Australian Apprentice with disability.

The information provided on this form will be used to assess eligibility for Disability Australian Apprentice Wage Support (DAAWS) and Off-the-job Tutorial, Mentor, and Interpreter Assistance available under the Australian Apprenticeships Incentive System (the Incentive System) and Australian Apprenticeships Incentives Program (AAIP).

Additional information about DAAWS can be found in the Australian Apprenticeships Incentive System Guidelines. <https://www.dewr.gov.au/skills-support-individuals/resources/australian-apprenticeships-incentive-system-guidelines>

Your personal information is collected for the purposes of:

- determining eligibility for the Incentive System and AAIP
- calculating Incentive System and AAIP payments
- administration of the Incentive System and AAIP
- monitoring and evaluation of the Incentive System and AAIP
- preparing statistics, reporting, assessment of eligibility in relation to any future application for Incentive System payments and related purposes.

The completed forms must include sufficient information to indicate that the Australian Apprentice has a disability which will impact their capacity to perform the employment-based duties of the Australian Apprenticeship position.

This form should be completed in consultation with the relevant Apprentice Connect Australia Provider. Only an officially contracted Apprentice Connect Australia Provider is authorised to provide advice on the eligibility and payment of Incentive System and AAIP payments.

## DAAWS

**DAAWS** provides wage support to employers who provide Australian Apprenticeships to people with disability.

**DAAWS** is also available to employers who employ Australian Apprentices who become disabled during their apprenticeship.

**DAAWS** is not approved where the disability is described as a lack of language, literacy or numeracy skills.

## Off-the-job Assistance

Off-the-job Tutorial, Mentor, and Interpreter Assistance is payable to Registered Training Organisations for an Australian Apprentice who is eligible for Disability Australian Apprentice Wage Support and is experiencing difficulties with their off-the-job training.

**Tutorial Assistance** is provided to an Australian Apprentice by a tutor in addition to the standard off-the-job training for an Australian Apprenticeship. It must be delivered in small groups of no more than 5 participants to ensure the apprentice's learning needs are met.

- **For Tutorial Assistance**, the number of hours provided each week must not exceed the total number of hours of off-the-job training undertaken by the Australian Apprentice and must be additional to the off-the-job training hours.

**Mentor Assistance** is provided to an Australian Apprentice to assist with organisational or personal issues which impact upon the ability of the Australian Apprentice to undertake their off-the-job training. Mentoring may take place on or off-the-job but should address difficulties experienced with the off-the-job component of the training. It must be delivered on a one-on-one basis to ensure the apprentice's needs are met.

**Interpreter Assistance** is provided by an interpreter to assist an Australian Apprentice to understand aspects of the off-the-job training and is in most cases provided to Australian Apprentices with disability such as a visual or hearing impairment. It must be delivered on a one-on-one basis to ensure the apprentice's needs are met.

- **For Mentoring and Interpreting Assistance**, the combined number of hours of mentoring and interpreter services provided each week must not exceed the total number of hours that the Australian Apprentice spends in off-the-job training.

## Eligibility

Eligibility criteria apply to all Australian Government Australian Apprenticeships Incentive System payments.

To be eligible for DAAWS, the capacity of an Australian Apprentice to undertake the employment-based duties of the Australian Apprenticeship must be assessed. This is either through the completion of Form 608 by a registered medical practitioner or registered psychologist, or Form 608a by an Employment Services Provider which confirms the Australian Apprentice holds a current and valid Job Capacity Assessment. The completed assessment must provide sufficient information to indicate that:

- the Australian Apprentice has a disability which will impact upon their capacity to perform the employment-based duties of the Australian Apprenticeship position; and
- the Australian Apprentice's medication or basic self-management strategies have been assessed and it has been determined that they do not overcome the impact of the disability on the performance of the employment-based duties of the Australian Apprenticeship position; and
- the Australian Apprentice will be able to carry out the duties of the occupation if they are provided suitable support by the employer.

Further information regarding eligibility for payments can be obtained from an Apprentice Connect Australia Provider.

## Important information

The Australian Apprentice will pay any fee or cost incurred in the completion of the Form 608 Occupational Assessment report by their nominated medical practitioner/registered psychologist.

Any fee or cost incurred for this purpose is the responsibility of the Australian Apprentice and will not be met by the Department of Employment and Workplace Relations or the Apprentice Connect Australia Provider.

## Privacy notice

### **Personal information**

Your personal information is protected by law, including under the *Privacy Act 1988* (Privacy Act). Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. Personal information includes an individual's name and contact details.

### **Collection of your information**

Your personal information is being collected by your Apprentice Connect Australia Provider on behalf of the Australian Government Department of Employment and Workplace Relations (the department).

If you do not provide the personal information requested in this form, it will not be possible to assess eligibility for Incentive System and AAIP payments or make relevant payments.

### **Disclosure of your personal information**

Your personal information may be disclosed, for the purposes mentioned above, to third parties, including but not limited to:

- Commonwealth government departments and agencies including Services Australia and the Australian Taxation Office
- State and Territory government departments and agencies
- employers
- your Apprentice Connect Australia Provider
- Registered Training Organisations
- contractors or agents of any of the above.

Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

We only collect, hold, use and disclose personal information for a lawful purpose that is reasonably necessary or directly related to one or more of our functions or activities or where otherwise required or authorised by law.

We use and disclose personal information for the primary purposes for which it is collected. We will only use your personal information for secondary purposes where we are able to do so in accordance with the Privacy Act.

Your personal information is unlikely to be disclosed to overseas recipients.

### **Privacy policy**

The department's Privacy policy, including information about how to make a complaint and how to access and correct your personal information, can be found at <https://www.dewr.gov.au/about-department/resources/dewr-guide-accessing-and-correcting-personal-information> or by requesting a copy from the department at [privacy@dewr.gov.au](mailto:privacy@dewr.gov.au)

To contact the department about your personal information email [privacy@dewr.gov.au](mailto:privacy@dewr.gov.au)

## Completing this form

- This form must be completed by the nominated registered medical practitioner or registered psychologist who is qualified to make a diagnosis of disability.
- Where the Australian Apprentice has completed a Job Capacity Assessment, the Employment Services Provider may complete the 608a Form instead of the nominated registered medical practitioner or registered psychologist.
- The employer and Australian Apprentice sections of this form should be completed before it is provided to the nominated registered medical practitioner or registered psychologist.
- The employer, Australian Apprentice, parent/guardian (if under 18 years of age) and nominated registered medical practitioner or registered psychologist must read and understand the form and ensure all questions are answered.
- Declarations must be signed where indicated by the employer, Australian Apprentice, parent/guardian (if under 18 years of age) and nominated registered medical practitioner or registered psychologist.
- The parent/guardian may assist the Australian Apprentice in the completion of this form.
- Pre-populated information on this form should be checked to ensure it is true and correct and alterations made if required.
- Corrections made to this form must be made by crossing out the incorrect information and inserting the correct information.
- Any alterations made to this form must be initialed by all signatories to the form.
- Do not use correction fluid, pencil or stickers when completing this form.
- Original signatures are required on the original copy of the form, or it will not be processed (photocopied, scanned or digitised signatures will not be accepted).
- Unsigned, incomplete or incorrect forms will not be processed and will be returned to the relevant signatory for completion.

## For employers - once this form is complete

- The employer should keep a copy of this form for your records (if you do not have facilities to copy, please ask your Apprentice Connect Australia Provider to provide copies to you).
- Provide a copy of this form to the Australian Apprentice who has signed the form.
- Immediately submit this form to your Apprentice Connect Australia Provider with the evidence required to support your claim(s).
- If you submit the form and any attachments electronically (for example by email, attachment to a Smart Form etc.) to your Apprentice Connect Australia Provider, you must keep the original signed form and attachments on your files for 7 years. Your failure to produce the original signed form on request at a later date could result in recovery of associated payments by the Australian Government.

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This form was revised on **1 July 2025**. It has been produced and approved by the Australian Government and is the only version acceptable to process your application. No other version of this form will be processed for this application.



## Form 608

### Occupational Assessment for an Australian Apprentice with disability

Please confirm details (initial any changes), sign and return to your Apprentice Connect Australia Provider at:

#### Employer Details (employer to complete)

Legal name:

ABN:

#### Workplace address of the Australian Apprentice

Address:

Suburb:

State:

Postcode:

#### Apprentice details

Australian Apprentice Qualification/Title:

Occupational outcome:

#### Contact details

Employer contact name:

Position / Title:

Email:

Phone:

#### Detailed Workplace Duties and Support

Please provide details of workplace duties for the specific occupation to be undertaken by the Australian Apprentice. Include information about proposed strategies and any tailored support required to meet the needs of the Australian Apprentice (attach additional information if required).

## Employer Declaration

- is collected for the purposes of determining and checking eligibility for the Australian Apprenticeships Incentive System (Incentive System) and Australian Apprenticeships Incentives Program (AAIP) payments, calculating Incentive System and AAIP payments, administration of the Incentive System and AAIP, monitoring and evaluation of the Incentive System and AAIP, preparing statistics, reporting, assessment of eligibility in relation to any future application for the Incentive System and AAIP payments and related purposes.
- may be disclosed, for the purposes mentioned above, to third parties, including but not limited to:
  - › Commonwealth government departments and agencies including Services Australia and the Australian Taxation Office
  - › State and Territory government departments and agencies
  - › Employers
  - › Your Apprentice Connect Australia Provider
  - › Registered Training Organisations
  - › Contractors or agents of any of the above.
- may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

### Signature of employer or authorised representative:

Printed name:

Date:

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## Australian Apprentice Details (Australian Apprentice to complete)

Surname:

Given name:

Date of birth:

### Residential address of the Australian Apprentice

Address:

Suburb:

State:

Postcode:

### Contact details

Email:

Phone:

## Australian Apprentice Authorisation and Declaration Section

I consent to the release of the completed assessment report and related medical information by my nominated registered medical practitioner or registered psychologist.

**Name of registered medical practitioner / registered psychologist:**

**OR** I consent to the release of the completed Evidence of Completion of a Job Capacity Assessment or an Employment Services Assessment for an Australian Apprentice with disability form and related medical information by my nominated Employment Services Provider.

**Name of Employment Services Provider:**

I certify to the best of my knowledge the details entered on this form by me and in relation to me are true and correct.

I understand that the information provided in this form:

- may be disclosed, for the purposes mentioned above, to third parties, including but not limited to:
  - Commonwealth government departments and agencies including Services Australia and the Australian Taxation Office
  - State and Territory government departments and agencies
  - Employers
  - Your Apprentice Connect Australia Provider
  - Registered Training Organisations
  - Contractors or agents of any of the above.
- may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

I agree that I will pay any fee or cost incurred in the completion of the Occupational Assessment report by my nominated registered medical practitioner/registered psychologist.

I understand that any fee or cost incurred for this purpose is my responsibility and will not be met by the Department of Employment and Workplace Relations or the Apprentice Connect Australia Provider.

**Signature of the Australian Apprentice:**

Printed name:

Date:

**Signature of Parent/Guardian (for Apprentice under 18 years of age):**

Printed name:

Date:

## Registered Medical Practitioner or Registered Psychologist Declaration Section (and Section to complete)

Your assistance is sought to help this Apprentice Connect Australia Provider on behalf of the Department of Employment and Workplace Relations to reach an informed decision on whether to approve special funding assistance for the employer of an Australian Apprentice with disability.

Your assessment should include sufficient information about the nature of the disability to assess the capacity of the individual to perform the employment-based duties of the Australian Apprenticeship

Full name:

Registration/Provider number:

Profession/Specialist area:

### Business address

Address:

Suburb:

State:

Postcode:

### Contact details

Email:

Phone:

### Australian Apprentice Disability Report

Category of disability (tick one or more boxes):

☐ Physical

☐ Intellectual

☐ Psychological

☐ Other

Is the disability permanent?

☐ Yes

☐ No

If 'No', provide estimated duration:

From:

To:

Provide a **detailed** description of the disability or disabilities (please add extra pages if more room is required):

How will the disability impact upon the performance of the employment-based duties of the Australian Apprenticeship position?



Will the Australian Apprentice be able to carry out the duties of the occupation given suitable support, including but not limited to the duties outlined in **Detailed Workplace Duties and Support** detailed on Page 4?

Yes      No

**If 'No'**, please provide further detail:

I have assessed that the Australian Apprentice's medication or basic self-management strategies do not overcome the impact of the disability or disabilities on the performance of the employment.

Do you support the provision of Tutorial, Mentor, or Interpreter Assistance for this Australian Apprentice?  
(Please refer to Page 1)

Yes      No

**If 'Yes'**, please provide details of the type of assistance required and how this will assist the Australian Apprentice

#### **Declaration by Registered Medical Practitioner or Registered Psychologist**

I understand that the information provided in this form:

- is collected for the purposes of determining and checking eligibility for the Australian Apprenticeships Incentive System (Incentive System) and Australian Apprenticeships Incentives Program (AAIP) payments, calculating Incentive System and AAIP payments, administration of the Incentive System and AAIP, monitoring and evaluation of the Incentive System and AAIP, preparing statistics, reporting, assessment of eligibility in relation to any future application for the Incentive System and AAIP payments and related purposes.
- may be disclosed, for the purposes mentioned above, to third parties, including but not limited to:
  - Commonwealth government departments and agencies including Services Australia and the Australian Taxation Office
  - State and Territory government departments and agencies
  - Employers
  - Your Apprentice Connect Australia Provider
  - Registered Training Organisations
  - Contractors or agents of any of the above.
- may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

**Signature of Registered Medical Practitioner / Registered Psychologist:**

Printed name:

Registration/Provider number:

Date:

## Apprentice Connect Australia Provider Declaration

I/we understand that the information provided in this form:

- is collected for the purposes of determining and checking eligibility for the Australian Apprenticeships Incentive System (Incentive System) and Australian Apprenticeships Incentives Program (AAIP) payments, calculating Incentive System and AAIP payments, administration of the Incentive System and AAIP, monitoring and evaluation of the Incentive System and AAIP, preparing statistics, reporting, assessment of eligibility in relation to any future application for the Incentive System and AAIP payments and related purposes.
- may be disclosed, for the purposes mentioned above, to third parties, including but not limited to:
  - Commonwealth government departments and agencies including Services Australia and the Australian Taxation Office
  - State and Territory government departments and agencies
  - employers
  - your Apprentice Connect Australia Provider
  - Registered Training Organisations
  - contractors or agents of any of the above.
- may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

I/we understand that I/we have contractual obligations to comply with the Australian Privacy Principles under the Privacy Act.

Name of Apprentice Connect Australia Provider representative:

**Signature of Apprentice Connect Australia Provider representative:**

Printed name:

Registration ID:

Date:



## Form 608a - Evidence of Completion of a Job Capacity Assessment or an Employment Services Assessment for an Australian Apprentice with disability

To be eligible to attract DAAWS, an assessment of the Australian Apprentice's capacity to undertake employment-based duties must be completed. By signing this form, the Employment Services Provider is confirming that the Australian Apprentice has a current and valid Job Capacity Assessment or Employment Services Assessment and that:

- the Australian Apprentice has a disability or disabilities which will impact upon their performance of the employment-based duties of the Australian Apprenticeship position; and
- the Australian Apprentice's medication or basic self-management strategies do not overcome the impact of the disability or disabilities on the performance of the employment-based duties of the Australian Apprenticeship position; and
- the Australian Apprentice will be able to carry out the duties of the occupation given suitable support.

### Employment Services Provider Details

Organisation name:

ABN:

### Employment Services Provider address

Address:

Suburb:

State:

Postcode:

### Contact details

Contact name:

Email:

Phone:

### Job Capacity or Employment Assessment Details

Date of assessment:

Category of disability (tick one or more boxes):

Physical

Intellectual

Psychological

Other

Is the disability permanent?

Yes

No

If 'No', provide estimated duration:

From:

To:

Provide a **detailed** description of the disability or disabilities (please add extra pages if more room is required):

Do you support the provision of Tutorial, Mentor, or Interpreter Assistance for this Australian Apprentice? (Please refer to Page 1)

Yes      No

**If 'Yes'**, please provide details of the type of assistance required and how this will assist the Australian Apprentice:

**Signature of Employment Services Provider representative:**

Printed name:

Position/Title:

Date: