

Speech balloons and exclamation marks do not appear when apprenticeship contract is printed.

Apprenticeship contract

* To be completed by the cantonal authority

- VET programme for Federal VET Diploma
- VET programme for Federal VET Certificate
- Shortened VET programme
- Other

Contract number* _____

Company number(s)* _____ / _____ / _____

The parties mentioned below hereby agree to the following:

1. Host company

Company	Tel. no.
Address	E-mail
Postal code/town	

2. Learner

Use name indicated on passport or ID card

Surname	First name	Date of birth
Address	Mother tongue:	
Postal code/town	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> R	
	<input type="checkbox"/> Other	
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Tel. no.	Place of origin	OSI no.
Cell no.	Canton	Residence permit:
E-mail	Country	<input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> F
		<input type="checkbox"/> Other status: <input type="checkbox"/> * <small>* required field, clarify permit obligation under Foreign Nationals Act</small>

3. Legal guardian (father and/or mother or adult/child protection services)

Surname	First name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address	Tel. no.	
Postal code/town	E-mail	

Surname	First name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address	Tel. no.	
Postal code/town	E-mail	

See ordinance for guidance

4. Title of occupation, duration of apprenticeship, trial period

Does not apply to all VET programmes

Occupation	Profile
Field/branch/area of focus	
Duration of apprenticeship (day/month/year): from _____ to _____	Duration of trial period (from 1 to 3 months): _____ months

5. Information about the host company

Designated workplace trainer for this VET programme

Surname	First name	Date of birth
Occupation	E-mail	

Number of **skilled professionals** in the company to calculate the maximum authorised number of learners. _____

Total **workweek percentage** of skilled professionals working in the company to calculate the maximum authorised number of learners. _____

Please indicate exact duration of workplace training (e.g. 01.08.20XX – 31.07.20XX)

Training location (if different from the address of the host company)

The training will take place within a host company network: Yes No

6. Classroom instruction

Vocational school to be attended (subject to modifications by the cantonal authority)

Name of vocational school _____ Language of instruction: G F I

Learner will attend FVB1 course for **federal vocational baccalaureate examination** if he/she meets prerequisites. Yes No

Requires prior consent of host company

The costs for classroom instruction shall be paid for as follows:	Travel	Meals	Accommodation	School materials	Electronic equipment
Host company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner/legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special terms

Information in "Apprenticeship guidebook"

2.1

2.1

2.14

3.1.2

1.3

2.2

2.3

3.1

1.5

3.3

Surname	First name
Host company	

7. Salary

Gross salary Any collective labour agreements, standard employment contracts or trade association recommendations must be taken into account

1 st year of training CHF per <input type="checkbox"/> month <input type="checkbox"/> week <input type="checkbox"/> hour	3 rd year of training CHF per <input type="checkbox"/> month <input type="checkbox"/> week <input type="checkbox"/> hour
2 nd year of training CHF per <input type="checkbox"/> month <input type="checkbox"/> week <input type="checkbox"/> hour	4 th year of training CHF per <input type="checkbox"/> month <input type="checkbox"/> week <input type="checkbox"/> hour

Benefits

13th month: Yes No (deductions from gross salary, with the exception of social insurance deductions, see points 11 and 12)

2.5

8. Working hours

Including classroom instruction, the working hours represent

Hours per week:	Working days per week:
-----------------	------------------------

A day or half-day of school is equivalent to a day or half-day of work.

Statutory regulations on maximum daily working hours, night shifts, work on Sundays and any overtime hours must be adhered to, in particular those contained in the Employment Act and corresponding ordinances.

Special provisions

2.4

9. Holiday leave

At least five weeks of paid vacation per year until the age of 20

Vacation time per year of training

1.	2.	3.	4.	<input type="checkbox"/> in days <input type="checkbox"/> in weeks
----	----	----	----	--

2.6

10. Purchases of work-related tools or equipment

The learner requires the following personal tools and work clothes

The costs of such purchases are to be paid by host company learner/legal guardian

The cleaning of clothes shall be handled by host company learner/legal guardian

Learners shall incur no **costs** for **personal protective equipment (PPE)** (Art. 90, Accident Prevention Ordinance).

2.8

11. Insurance

Accident insurance

The learner must be covered by accident insurance (AI).

The premiums for **occupational accident insurance** shall be paid by the host company.

The premiums for **non-occupational accident insurance** shall be co-paid by % host company % learner/legal guardian

Loss of earnings insurance agreed: Yes No

If so, the premiums are paid % host company % learner/legal guardian

(The host company must cover at least 50% of the premiums.)

2.10

12. Schedules to the apprenticeship contract and other special provisions

13. Modification or termination of the apprenticeship contract

Any and all changes to the apprenticeship contract must be approved by the cantonal authority.

Legal provisions shall apply in the event of termination of this apprenticeship contract.

2.17

14. Signatures

This contract has been drawn up in copies.

Place	Date
Host company (if the apprenticeship takes place within a host company network, indicate the name of the main company)	Learner
	Legal guardian

2.1

15. Approval

The cantonal authority hereby approves this apprenticeship contract.

Place, date, seal

2.17

Please sign apprenticeship contract and submit in triplicate to the VET office of your canton. List of addresses: <https://adressen.sdbb.ch/>