

# Application form: New Employer Registration



Government of South Australia  
Department of State Development

For assistance in completing this form call the Traineeship and Apprenticeship Information Service on 1800 673 097

Complete and submit this form to apply to register your business to employ and train apprentices and/or trainees in South Australia.

If you are applying to become registered for the first time, a Regulation and Contract Management Consultant may contact you to organise a meeting at your worksite. A fact sheet outlining the employer registration process is available at [www.skills.sa.gov.au/apprenticeforms](http://www.skills.sa.gov.au/apprenticeforms)

- ! Required fields are indicated with a red asterisk on the right hand side: \*
- > Your legal name, trading name(s), the suburb and postcode for your worksite(s), and your registration details (excluding supervisor details) will be publicly available on the Register at [employerregister.tasc.sa.gov.au](http://employerregister.tasc.sa.gov.au)

## 1. Employer details


Legal name:	*
ABN:	*
Legal entity type:	*
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Private company <input type="checkbox"/> Local government agency <input type="checkbox"/> Partnership <input type="checkbox"/> Public company <input type="checkbox"/> State government agency <input type="checkbox"/> Federal government agency	
Nature of business:	*
Physical address:	Postcode: *
	<input type="text"/>
Postal address (if different to physical address):	Postcode: *
	<input type="text"/>

## 2. Primary contact person details

- i The primary contact person must be located in South Australia.


Contact person name:	*
Position title:	*
Phone no: *	Mobile no: *
Email:	*

### 3. Worksite details

 If you have multiple worksites, and there is only one South Australian based contact person across all worksites, you may attach a list of all worksites with only the trading name(s) and worksite addresses.


Trading name: <span style="float: right;">*</span>					
Worksite address (if different to physical address above):	Postcode: <span style="float: right;">*</span> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Postal address (if different to postal address above):	Postcode: <span style="float: right;">*</span> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Worksite contact person: <span style="float: right;">*</span>					
Position title: <span style="float: right;">*</span>					
Email:					
Phone no:	Mobile no:				

### 4. Registration details

 List at least one trade or vocation you wish to register for, and details for at least one supervisor. For a full list of trades and vocations, view the Traineeship and Apprenticeship Pathways Schedule at [www.skills.sa.gov.au/apprenticeforms](http://www.skills.sa.gov.au/apprenticeforms) or call 1800 673 097.  
 You can attach further information if necessary.

Trade/Vocation name: <span style="float: right;">*</span>			
Qualification name/code:			
<b>Supervisor details</b>			
Supervisor name <span style="float: right;">*</span>	Licence (if applicable)	Years of experience <span style="float: right;">*</span>	Supervisor's courses and qualifications

Trade/Vocation name:			
Qualification name/code:			
<b>Supervisor details</b>			
Supervisor name	Licence (if applicable)	Years of experience	Supervisor's courses and qualifications

 See page 3 of this form for the required signature.

## 5. Signature

I wish to become a registered employer to allow my business to employ and train apprentices and/or trainees in accordance with the *Training and Skills Development Act 2008*. I agree to discuss this application with an officer representing the Training and Skills Commission, and understand that I must provide any information required for the purpose of determining the application.

Employer representative signature	*	Print name:	*
		Signature date: (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

*You are advised to retain a copy of this form for your records.*

### Please submit all pages of this form to:

Post: **Regulation and Contract Management**  
GPO Box 320, Adelaide SA 5001

Fax: 08 8124 1401

Email: [dsd.tasemployer@sa.gov.au](mailto:dsd.tasemployer@sa.gov.au)

### For assistance or more information:

Phone: 1800 673 097

Website: [www.skills.sa.gov.au/apprentices](http://www.skills.sa.gov.au/apprentices)