

Traineeship and Apprenticeship Services

VARIATION OF A TRAINING CONTRACT

TRAINING PACKAGE QUALIFICATION TRANSITION



Government
of South Australia
Department of Further
Education, Employment,
Science and Technology

We wish to apply to vary Training Contract Number _____ Employer's Postcode

Apprentice / Trainee's Name _____

Address of trainee/apprentice _____

Apprentice / Trainee's Signature _____ Date _____

Parent or Legal Guardian's Name (If apprentice/ trainee under 18) _____

Parent or Legal Guardian's Signature (If applicable) _____

Employer's Legal Entity Name _____

Employer's Signature _____ Position _____ Date _____

Change Declared Vocation name to: _____
AND/OR

Change Declared Vocation level to: _____
AND/OR

Change nominal term of Training Contract to: _____

Name of Training Package: _____

Title of new Training Package Qualification: _____

National ID. _____ Date change to be effective from: _____

Confirmation of Registered Training Organisation agreement to deliver qualification is required.
Please provide:

Registered Training Organisation Name _____

Signature of RTO Representative: _____

OR
Letter of Confirmation attached YES / NO

OR
Registered Training Organisation to send confirmation letter
direct to Traineeship & Apprenticeship Services YES / NO

FORWARD THE COMPLETED APPLICATION TO

Traineeship and Apprenticeship Services
GPO Box 320
ADELAIDE SA 5001

OR Fax: (08) 8463 5654 **Phone:** 1800 673 097

Website: <http://www.skills.sa.gov.au/apprenticeships-traineeships> **Email:** dfest.tas@sa.gov.au