

# Training Contract variation application: Change of Trade/Vocation or Qualification



Government of South Australia  
Department for Innovation and Skills

For assistance in completing this form call 1800 673 097

Complete and submit this form to apply to vary the trade/vocation or qualification undertaken through a Training Contract in South Australia.

Changing to a higher level qualification may increase the term of the Training Contract (e.g. from Certificate II to Certificate III), while changing to a lower level qualification may decrease the term of the Training Contract.

- ! Required fields are indicated with a red asterisk on the right hand side: \*
- ! If you are applying for a change in qualification, the parties to the Training Contract should negotiate a new Training Plan with the Registered Training Organisation (RTO) responsible for the delivery of training.

## 1. Trainee/apprentice details

First name(s): *	
Last name(s): *	
Phone no:	Mobile no:
Date of Birth (DD/MM/YY): <input type="text"/> / <input type="text"/> / <input type="text"/>	
Training Contract number: <input type="text"/> \ <input type="text"/> *	
Employer's legal name: *	
Employer's worksite postcode: <input type="text"/> *	

## 2. Trade or vocation / qualification changes

Effective from (DD/MM/YY): <input type="text"/> / <input type="text"/> / <input type="text"/> *
New trade/vocation name (if changed): *
New qualification name (if changed): *
New qualification code (if changed): *
Registered Training Organisation name: *

➤ See page 2 of this form for required signatures.

### 3. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *Training and Skills Development Act 2008*. Please call 08 8463 5654 or 1800 673 097 if you have any questions before you sign below.

Employer representative signature	* Print name: *
	Signature date: <input type="text"/> / <input type="text"/> / <input type="text"/> *
Employer phone number or email:	

Trainee/apprentice signature	* Print name: *
	Signature date: <input type="text"/> / <input type="text"/> / <input type="text"/> *

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: <input type="text"/> / <input type="text"/> / <input type="text"/> *

RTO representative signature	* Print name: *
	Signature date: <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: **Traineeship and Apprenticeship Services**  
GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: [dis.tamfax@sa.gov.au](mailto:dis.tamfax@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)