


**Training Contract variation notification:
Transfer to New Employer**



For assistance in completing this form call Innovation and Skills on 1800 673 097

Complete and submit this form to notify Traineeship and Apprenticeship Services when all parties have agreed that the responsibility for employing and training an apprentice or trainee has been transferred from one employer to another. Note that there is no probationary period for a transferred Training Contract, and a transfer can only occur if there is no break in service between employers.

If the new employer is not already registered to employ and train apprentices or trainees in the trade/vocation being undertaken through this Training Contract, they will first need to apply for registration.


 Required fields are indicated with a red asterisk on the right hand side: *

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"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Training Contract number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \ <input type="text"/> *

2. Transfer to new employer

Effective from (DD/MM/YY):		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Current employer's legal name:			*
New employer's legal name:			*
New worksite address:		Postcode:	*
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
New employer phone no:			*
New employer email:			*
New employer's Apprenticeship Network Provider:			
New industrial agreement (if changed):			

 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 Innovation and Skills on 1800 673 097 if you have any questions before you sign below.

Current 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"/> *
Current employer phone number or email:	

New 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"/> *

Trainee/apprentice 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"/> *

Parent/guardian signature (if learner aged under 18)	* 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: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: dis.tamfax@sa.gov.au

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices