

Training Contract variation application: Transfer to New RTO



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 that the responsibility for delivery of off-job training under a Training Contract has changed from one Registered Training Organisation to another.

- ! Required fields are indicated with a red asterisk on the right hand side: *
- ! 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"/> <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"/> *
Qualification being undertaken:		*
Employer's legal name:		*
Employer's worksite postcode:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

2. Transfer to new Registered Training Organisation (RTO)

Effective from (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Former RTO name:		
New RTO name:		*
New RTO phone:		*
New RTO email:		
New RTO contact person name:		*

➤ See page 2 of this form for required signatures.

3. Signatures

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"/> *
Employer phone number or email:	

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"/> *

New RTO 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: **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