



Transition of qualification

This form is for use by supervising registered training organisations (SRTOs) to notify when transitioning to a qualification because of an update to a national training package.

For a change of qualification which is **not a transition**, please use the [ATF-035: Amendment of a registered training contract](#) form.

SRTOs should expect the changes to take effect within two weeks from the date of submitting a fully completed form (and electronic spreadsheet if applicable). **IMPORTANT:** Failure to complete all details on this form may delay processing of this transaction.

- **Transition of qualification for one apprentice or trainee** - An SRTO seeking to transition a qualification for only one apprentice or trainee, should complete **SECTIONS 1, 2 AND 3**.

Select your nominated Apprentice Connect Australia Provider (Provider) and return the completed and signed form via email. ONLY for single Transition applications.

<input type="checkbox"/> Busy At Work amendments@busyatwork.com.au	<input type="checkbox"/> MEGT cpuqueriesqld@megt.com.au	<input type="checkbox"/> MAS National qlddelegations@masnational.com.au
<input type="checkbox"/> Apprenticeship Support Australia (ASA) info@apprenticeshipsupport.com.au	<input type="checkbox"/> ITEC apprenticeshipsinfo@qld.gov.au	

- **Transition of qualification for multiple apprentices or trainees** - An SRTO seeking to transition a qualification for multiple apprentices or trainees should complete **SECTIONS 1 AND 3**.

An SRTO submitting the form must attach an electronic spreadsheet including (for each apprentice or trainee):

- registration number
- first name and family/surname
- date of birth
- employer.

For multiple apprentices and trainees, return this completed and signed form and electronic spreadsheet via email (using a subject heading of 'Transition of qual') to apprenticeshipsinfo@qld.gov.au

* DELTA Qual ID is available in QTIS

SECTION 1: NOTIFICATION OF AMENDMENT			
Old qualification details	Code:	Name:	
New qualification details	Code:	Name:	
	*DELTA Qual ID:		
Effective date of transition to the new qualification:			
SECTION 2: APPRENTICE OR TRAINEE DETAILS			
Training contract registration number:			(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)
Name:		Date of birth:	
Email:		Phone number:	
SECTION 3: SRTO DETAILS AND DECLARATION			
Name of SRTO:			
Name of authorised person signing for SRTO:		Phone number:	
By signing this document I declare that: <ul style="list-style-type: none"> • I have fully informed all parties of the impacts, if any, the transition of qualification may have on the employer(s)/apprentice(s) and/or trainee(s) shown on this form or attached list. • I will change the training plan to reflect the changed qualification title and/or code and any units of competency, and send a copy of the changed training plan to each employer and apprentice/trainee shown on this form or attached list within 14 days after making the change. • For any school-based apprentice(s) and/or trainee(s) affected by this change, I will negotiate a new education, training and employment schedule with the parties and the school(s) if the changes impact upon the previously agreed arrangements. 			
Signature:		Date:	

