**Notification of change of ownership/statutory transfer (sale of business)**

This form has been developed to notify the Department of Trade, Employment and Training (DTET) or Apprentice Connect Australia Provider (Provider) of any of the following changes to a business which employs an apprentice or trainee:

* sale or disposal of business
* dissolution of the business partnership
* the purchaser of a business with an apprentice or trainee does not wish to continue the training contract(s) (to take effect this advice must be received by DTET or the Provider prior to the sale/disposal taking effect. This will result in the cancellation of the training contracts only; it does not cancel the employment obligations.)

**Select your nominated Provider and return the completed and signed form (using a subject heading of ‘Statutory transfer’) via email -**

|  |  |  |
| --- | --- | --- |
| Busy At Work  [amendments@busyatwork.com.au](mailto:amendments@busyatwork.com.au) | MEGT  [cpuqueriesqld@megt.com.au](mailto:cpuqueriesqld@megt.com.au) | MAS National  [qlddelegations@masnational.com.au](mailto:qlddelegations@masnational.com.au) |
| Apprenticeship Support Australia (ASA)  [info@apprenticeshipsupport.com.au](mailto:info@apprenticeshipsupport.com.au) | ITEC  [apprenticeshipsinfo@qld.gov.au](mailto:apprenticeshipsinfo@qld.gov.au) |  |

**IMPORTANT:** Failure to complete all details on this form may delay processing of this transaction.

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| **ORIGINAL EMPLOYER DECLARATION** | | | | | | | | | | | | | | | |
| **Trading name:** |  | | | | | | | | | **ABN:** |  | | | | |
| **I/we advise that the business which employed the below/attached apprentice(s) and/or trainee(s):** (please indicate one) | | | | has been sold or disposed of. Date of sale or disposal of business: , or  has been dissolved. Date of effect of dissolution of partnership: | | | | | | | | | | | |
| **The business is being continued by**  **1 /**  **2 or more person(s) who were partners in the dissolved partnership.** | | | | | | | | **The business will not continue after the dissolution of the partnership** | | | | | | | |
| **Name of person signing for original employer:** | |  | | | | | | | | **Phone number:** | | |  | | |
| **Signature:** |  | | | | | | | | | | | **Date:** |  | | |
| **DETAILS OF NEW EMPLOYER AND AGREEMENT TO CONTINUE TRAINING** | | | | | | | | | | | | | | | |
| **Legal name:** |  | | | | | | | | | | | | | | |
| **Trading name:** |  | | | | | | | | | **ABN:** |  | | | | |
| **Business address:** |  | | | | | | | | | | | | | | |
| **Postal address:** |  | | | | | | | | | | | | | | |
| **Contact person:** |  | | | | | | | | | **Phone number:** | | | |  | |
| **Email address:** |  | | | | | | | | | | | | | | |
| **Total number of qualified persons in the apprentice or trainee’s occupation:** | | | | |  | **Total number of apprentices and trainees:** | | |  | **Total number of employees:** | | | | |  |
| **Address where the apprentice(s) or trainee(s) will be employed:** | | |  | | | | | | | | | | | | |
| I/we agree to continue to train the apprentice(s) and/or trainee(s) identified in this form, under the registered training contract(s). I/we also confirm that the above details are true and correct. | | | | | | | | | | | | | | | |
| **Name of authorised person signing for employer:** | | | | | | |  | | | | | | | | |
| **Signature:** |  | | | | | | | | | **Date:** | | | |  | |

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| **PURCHASER DOES NOT WANT TO CONTINUE THE REGISTERED TRAINING CONTRACT ARRANGEMENTS** | | | | |
| **Contact person:** |  | | **Phone number:** |  |
| I/we do not want the registered training contract(s) to be transferred to me/us as part of the purchase arrangements. I am aware this advice will result in the cancellation of the registered training contract(s). | | | | |
| **Name of authorised person signing for employer:** | |  | | |
| **Signature:** |  | | **Date:** |  |

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| **APPRENTICE OR TRAINEE DETAILS** | | | |
| **Note:** Additional apprentices and trainees that do not fit on this form can be shown on an attached document. | | | |
| **Apprentice or trainee name:** |  | | |
| **Training contract registration number:** | |  | (This 9 digit number starting with 20 appears on all documentation from the department or your Provider.) |
| **Email:** |  | | |
| **Apprentice or trainee name:** |  | | |
| **Training contract registration number:** | |  | (This 9 digit number starting with 20 appears on all documentation from the department or your Provider.) |
| **Email:** |  | | |
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| **Email:** |  | | |