**Amendment of a registered training contract**

**Examples** of amendments to a registered training contract include changes to:

* the start date of the apprenticeship or traineeship (**documentary proof of change is required**)
* employment mode – e.g. from part-time or school-based to full-time arrangements
* the qualification (***Note:*** *if changing to a qualification in a different industry/training package, please consider asking Provider about any implications regarding government funding or incentives, and the process to extend the training contract if necessary; and the Fair Work Ombudsman, on 13 13 94, about any implications for wages*).
* the qualification level – e.g. from Certificate II in Retail Operations to Certificate III in Retail Operations
* the date of birth where it impacts on legislated age restrictions (**evidence:** A document reflecting the correct date of birth, such as a birth certificate, passport or licence. Only Justice of the Peace (JP) or Commissioner for Declarations (Cdec) certified copies will be accepted electronically).

|  |
| --- |
| **Amendment of the training contract will not take effect until a decision has been made by the Department of Trade, Employment and Training or your Apprentice Connect Australia Provider (Provider).** |

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

|  |  |  |
| --- | --- | --- |
| [ ]  Busy At Workamendments@busyatwork.com.au | [ ]  MEGTcpuqueriesqld@megt.com.au  | [ ]  MAS Nationalqlddelegations@masnational.com.au  |
| [ ]  Apprenticeship Support Australia (ASA)info@apprenticeshipsupport.com.au  | [ ]  ITECapprenticeshipsinfo@qld.gov.au  |  |

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

|  |
| --- |
| **NOTIFICATION OF AMENDMENT** |
| **Training contract registration number:** |  | (This 9 digit number starting with 20 appears on all documentation from the department or your Provider.) |
| We agree to the proposed amendment and we have been made aware of and understand any impacts this may have on wages and conditions. The proposed amendment has been discussed with the supervising registered training organisation (SRTO). |
| **Details of proposed amendment:** |  |
| **Proposed date of effect:** |  | **Relevant document(s) attached:** [ ]  Yes [ ]  No [ ]  Not applicable |
| **Reason for amendment:** |  |
| **EMPLOYER DETAILS** |
| **Trading name:** |  | **ABN:** |  |
| **Email:** |  |
| **Name of authorised person signing on behalf of employer:** |  |
| **Signature:** |  | **Date:** |  |
| **APPRENTICE OR TRAINEE DETAILS (and parent/guardian details if appropriate)** |
| **Apprentice or trainee’s name:** |  |
| **Email:** |  | **Phone number:** |  |
| **Signature:** |  | **Date:** |  |
| **Parent or guardian’s name:** |  |
| **Parent or guardian’s email:** |  | **Phone number:** |  |
| **Signature:**  |  | **Date:** |  |
| **SRTO DECLARATION** (only required where the change affects the training plan) |
| We have discussed the proposed amendment with the employer and apprentice or trainee and support the application to amend. Where applicable, the training plan will be reviewed if the amendment is approved. |
| **SRTO’s name:** |  |
| **Name of authorised person:** |  | **Phone number:** |  |
| **Signature:** |  | **Date:** |  |