1800 210 210 | apprenticeshipsinfo@qld.gov.au | desbt.qld.gov.au

Further Education and Training Act 2014 ATF-011

Completion agreement

We, the employer, apprentice or trainee and SRTO, are satisfied that the apprentice or trainee has completed all training and assessment required under the training plan. Where the apprenticeship or traineeship was all or partly **school-based** we agree that the apprentice or trainee has completed the minimum paid work requirement and acknowledge that the Department of Employment, Small Business and Training (DESBT) may randomly audit completed school-based apprenticeships and traineeships to substantiate that the minimum paid work requirement has been completed.

AGREED PROPOSED COMPLETION DATE:			sure this date is <u>not mor</u> reed proposed completi			
TO BE COMPLETED	BY THE APPRE	ENTICE OR TRAINEE (a	nd parent/guardiar	n if appropri	ate)	
Training contract regist	ration number:		(This 9 digit number s relating to the tra	starting with 20 ining contract re	will appear eceived fron	on any documentation n the department.)
Qualification name:			Qualification			
Apprentice or trainee's	name:	Date of I			birth:	
Apprentices and trainees will	I receive two certific	prentice/trainee's certificate ates. The SRTO will issue a ce apprenticeship or traineeship,	ertificate upon successful	completion of tl	ne qualificat	•
Current Postal address:	:					
Email:						
Apprentice or trainee's signature:					Date:	
Parent or guardian's na	me:					•
Parent or guardian's signature:					Date:	
TO BE COMPLETED I Note – where the SRTO and purposes		OYER the same entity, the form m	ust not be signed by the	e same individ	ual for qual	lity assurance
Trading name:				ABN:		
Email:				Phone number:		
Name of person signing	g for employer:					
Employer's signature:					Date:	
Upon receipt of this agreer the apprentice or trainee qualification. The signed co a completion certificate.	has completed a	Il training and assessment	t required under the t	raining plan a	and has is	sued the appropriate
TO BE COMPLETED	BY THE SRTO					
		rentice or trainee has con ntice or trainee for the rela		d assessmer	t under th	e training plan and
Name of SRTO:		Phone			umber:	
Name of person signing	g for SRTO:					
SRTO's signature:					Date:	
Return this form (must be heading of 'Completion' of QLD 4002.						
IMPORTANT: Failure to	o complete all deta	ails on this form may delay or misleading information			lties may	apply for any false
Version 18 - January 2024 Document uncontrolled when printed						Page 1 of 1

Privacy Notice – The Department of Employment, Small Business and Training (DESBT) is collecting the information on this form in accordance with Sections 45-51 of the *Further Education and Training Act 2014 (Qld)* in order to process the completion of the training contract between the abovementioned parties. Information collected on this form may also be used by DESBT for generating statistics. DESBT routinely gives some or all of this information to the Australian Government Department of Employment and Workplace Relations, Australian Apprenticeship Support Network providers, Queensland Curriculum and Assessment Authority and schools (for school-based apprentices and trainees) and registered training organisations for the purpose of updating the status of the training contract and/or verifying subsidy claims. Your information will not be disclosed to any other person or agency unless you have given us permission or it is required or authorised by law.

