**Transition of qualification**

This form is for use by supervising registered training organisations (SRTO) 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](https://desbt.qld.gov.au/training/apprentices/resources/forms#A) 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.**

|  |  |  |
| --- | --- | --- |
| 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) |  |

* **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](mailto: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:   * 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:** |  |