**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 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  |  |

* **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

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| **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:** |       |

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| --- |
| **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:** |       |

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| **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:** |       |