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

Further Education and Training Act 2014

ATF-041

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 <u>prior</u> to the sale/disposal taking effect. This will result in the cancellation of the training contracts only; it does not cancel the employment obligations.)

 $\underline{Select} \ your \ nominated \ Provider \ and \ return \ the \ \underline{completed} \ and \ \underline{signed} \ form \ (using \ a \ subject \ heading \ of \ `Statutory \ transfer') \ via \ email \ -$

☐ Busy At Work		⊔ MEGT	□ MEGI		MAS National		
amendments@busyatwork.com.au		<u>cpuqueriesql</u>	d@megt.com.au	qlddelegations	@masnatio	nal.com.au	
☐ Apprenticeship Support Australia (ASA)		ASA) 🗆 SYC	□SYC		□ITEC		
info@apprenticeshipsupport.com.au		apprenticeshi	apprenticeshipsinfo@qld.gov.au ap		apprenticeshipsinfo@qld.gov.au		
I	MPORTANT: Faile	ure to complete all details of	on this form may delay prod	cessing of this trans	saction.		
ORIGINAL EMPLOYE	R DECLARATIO)N					
Trading name:				ABN:			
I/we advise that the b	ousiness	□ has been sold or dis	naced of Data of calc or	diaposal of busine	.00:	or	
which employed the		\square has been sold or disposed of. Date of sale or disposal of business: , or					
below/attached appro		☐ has been dissolved.	as been dissolved. Date of effect of dissolution of partnership:				
and/or trainee(s): (ple							
The business is being continued by \square 1 / \square 2 or more \square The business will not continue after the dissolution of				ution of the			
person(s) who were partners in the dissolved partnership. partnership							
Name of person signing				Phone	Phone number:		
for original employer				1 Hone	namber.		
Signature:					Date:	1	
DETAILS OF NEW EMPLOYER AND AGREEMENT TO CONTINUE TRAINING							
Legal name:							
Trading name:				ABN:			
Business address:							
Postal address:							
Contact person:				Phone	number:		

Version 8 - November 2024

Email address:

Signature:

Total number of qualified persons in

Address where the apprentice(s) or trainee(s) will be employed:

the apprentice or trainee's occupation:

also confirm that the above details are true and correct.

Name of authorised person signing for employer:

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Total number of

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

apprentices and trainees:

Page 1 of 2



Total number of

employees:

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:		

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:	
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.)
Facility	
Email:	
Apprentice or trainee name:	
	(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)
Apprentice or trainee name:	
Apprentice or trainee name: Training contract registration number:	
Apprentice or trainee name: Training contract registration number: Email:	
Apprentice or trainee name: Training contract registration number: Email: Apprentice or trainee name:	from the department or your Provider.) (This 9 digit number starting with 20 appears on all documentation
Apprentice or trainee name: Training contract registration number: Email: Apprentice or trainee name: Training contract registration number:	from the department or your Provider.) (This 9 digit number starting with 20 appears on all documentation
Apprentice or trainee name: Training contract registration number: Email: Apprentice or trainee name: Training contract registration number: Email:	from the department or your Provider.) (This 9 digit number starting with 20 appears on all documentation
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Page 2 of 2

