1800 210 210 | apprenticeshipsinfo@qld.gov.au | 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 Employment, Business and Training (DESBT) or Australian Apprenticeship Support Network (AASN) 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 DESBT or the AASN 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.)

Select your nominated Australian Apprenticeship Support Network (AASN) provider and return the completed and signed form (using a subject heading of 'Statutory transfer') via email -

Busy At Work <u>amendments@busyatwork.com.au</u>	□ MEGT <u>cpuqueriesqld@megt.com.au</u>	MAS National <u>QLDDelegations@masexperience.com.au</u>
□ Apprenticeship Support Australia (ASA) info@apprenticeshipsupport.com.au	☐ Sarina Russo <u>queensland@sarinarusso.com.au</u>	VERTO <u>apprenticeshipsinfo@qld.gov.au</u>

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

ORIGINAL EMPLOYER DECLARATION									
Trading name:						ABN:			
I/we advise that the b which employed the below/attached appro and/or trainee(s): (ple	apprentice(s)			sposed of. Date of sale or disposal of business:, or . Date of effect of dissolution of partnership:					
The business is being continued by 1 / 2 or more person(s) who were partners in the dissolved partnership.					ı of the				
Name of person signing for original employer:				Phone number:					
Signature:							Date:		
DETAILS OF NEW EN	PLOYER AND	AGREEMENT 1	TO CONT	INUE TRAINING					
Legal name:									
Trading name:	ABN:								
Business address:									
Postal address:	Postal address:								
Contact person:	Phone number:								
Email address:									
			umber of tices and trainees:		Total number of employees:				
Address where the apprentice(s) or trainee(s) will be employed:									
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 also confirm that the above details are true and correct.									
Name of authorised person signing for employer:									
Signature:						Date:			

Document uncontrolled when printed

Privacy Notice – The Department of Employment, Small Business and Training (DESBT) or Australian Apprenticeship Support Network provider is collecting the information on this form in accordance with Sections 29 and 58 of the *Further Education and Training Act 2014* (*Jdl*) in order to amend 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.



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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 AASN 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 AASN 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 AASN provider.)			
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Email:				

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