



Completion Statement by Supervising Registered Training Organisation, Employer and Apprentice

Further Education and Training Act 2014
Electrical Safety Act 2002

ATF-012

Version 9 - July 2024

This form may be used as a Completion Agreement in regard to an apprenticeship under the *Further Education and Training Act 2014* (Qld) and as a Completion Statement by a Supervising Registered Training Organisation and Employer under the *Electrical Safety Act 2002*.

Please note: The ESO form 10 application for an electrical work licence (apprentice) under the *Electrical Safety Act 2002* is required to be lodged separately.

1 Apprenticeship details

Registration number: _____	
Apprenticeship occupation: _____	Qualification code: _____
Agreed proposed completion date for apprenticeship: _____	
(The agreed proposed completion date is subject to endorsement by the Department of Employment, Small Business and Training.)	

2 Applicant details – Please complete in BLOCK letters

Family name: _____				
Given name/s: _____		Middle name/s: _____		
Date of birth: _____				
Current residential address: _____				
Street No	Street Name	Suburb/Town/Locality	State	Postcode
Current postal (where the apprentice's completion certificate will be sent) address: _____				
Contact number: _____		Email: _____		

3 Employer details

Name: _____	
Trading name: _____	ABN: _____
Postal address: _____	
Contact number: _____	Email: _____

4 Declaration/s

To be completed by the apprentice:

I declare that I am competent in the trade work of the relevant trade for this application, and that I have satisfactorily finished all the training and assessment to be delivered under the training plan for the apprenticeship.

Apprentice's full name: _____ Student number: _____

Signature: _____ Date: _____
(Apprentice's signature)

If the apprentice is under 18 and NOT living independently, the signed consent of a parent/guardian is required

If the apprentice is under 18 years of age, please contact the Department of Employment, Small Business and Training prior to submitting this application.

To be completed by the employer:

I declare that I am the employer that is a party to the training plan under which the apprentice finished their apprenticeship. I verify that the apprentice has satisfactorily finished all the training and assessment required under the training plan for the apprenticeship.

Name: _____ Occupation: _____
(Print name of person authorised to sign on behalf of employer)

Signature: _____ Date: _____
(Authorised person's signature)

Supervising Registered Training Organisation (SRTO)

(To be completed by a qualified teacher/assessor or this form will be returned)

The SRTO verifies that the SRTO is satisfied the apprentice has completed all the training and assessment required under their training plan, and is competent in the trade work of the relevant trade for this application.

Qualification issued: _____
(Approved training package qualification; e.g. UEE30811, MEM30405 or UET30819)

Endorsement and units of competence issued

This apprenticeship is considered by the Electrical Safety Office as evidence of competence in the trade work of:

- | | | |
|---|---|---|
| <input type="radio"/> Electrical fitter and electrical mechanic | <input type="radio"/> Electrical linesperson – Distribution | <input type="radio"/> Electrical mechanic |
| <input type="radio"/> Electrical linesperson – Transmission | <input type="radio"/> Electrical fitter | <input type="radio"/> Electrical linesperson – Traction |
| <input type="radio"/> Electrical jointer – Open | <input type="radio"/> Restricted electrical work | <input type="radio"/> Electrical jointer – Restricted polymeric |

SRTO name: _____

Name of authorised person: _____ Occupation: _____
(Print name of person authorised to sign on behalf of SRTO)

Signature: _____ Date: _____

5 Lodging this document

To lodge this form as a **Completion Agreement** for the apprenticeship:

The SRTO must promptly sign this form and lodge it **within 10 days** after it is completed and signed, by email to:

apprenticeshipsinfo@qld.gov.au

Also send this form to:

Mail to: Electrical Safety Office
Electrical Licensing
PO Box 820
Lutwyche QLD 4030

Email to: LPS@oir.qld.gov.au

PRIVACY STATEMENT: The information provided on this form has dual purposes. (a) It is for the purpose of completing an apprenticeship. The information will be given to the Department of Employment, Small Business and Training (DESBT) or its agent (Apprentice Connect Australia Provider) in order to process the completion of the apprenticeship training contract under sections 45–51 of the *Further Education and Training Act 2014* (Qld). DESBT routinely gives some or all of this information to the Australian Government Department of Employment and Workplace Relations, Apprentice Connect Australia Providers, Queensland Curriculum and Assessment Authority and registered training organisations for the purpose of updating the status of the training contract and/or verifying subsidy claims. (b) It is for the purpose of obtaining an electrical work licence/permit and monitoring compliance under the *Electrical Safety Act 2002*. The department may be required to disclose your personal information to the prescribed electricity entities in Queensland, and other Australian electrical regulators including New Zealand. This information may also be used for statistical research, evaluation and reporting of our services, and includes publishing your licence details on the department's online register which is accessible by the public. 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.