

Temporary transfer of a registered training contract

This form has been developed to notify the Department of Trade, Employment and Training (DTET) or Apprentice Connect Australia Provider (Provider) of a temporary transfer of a registered training contract from the employer named on the registered training contract to a new employer.

It is only necessary to send this notification if the temporary transfer is a formal arrangement where the new employer is taking on <u>all</u> obligations relating to the training and assessment outlined in the individual trainee or apprentice's training plan. Matters pertaining to industrial entitlements (pay, leave etc.) during this period are outside the scope of this application and a matter for involved parties to reach an agreement on. Wages, some entitlements and wage progression are managed by the Fair Work Ombudsman (FWO) who can be contacted on 13 13 94 for assistance in regards to this component of the arrangement.

Select your nominated Provider and return the completed and signed form (using a subject heading of 'Temporary 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	apprenticeshipsinfo@qld.gov.au	apprenticeshipsinfo@qld.gov.au

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

ORIGINAL EMPL	OYER DECLA	RATION										
Trading name:								AE	BN:			
I/We advise that the registered training contract for the apprentice or trainee detailed on this form is being transferred to the employer detailed on this form for a period of time. I/We will advise/have advised the SRTO about the transfer details.												
Apprentice or trainee name:			Reg					gistratio	n number:			
Period of temporary transfer:			Start date of temporary transfer:									
Name of person sig		Phone number:						nber:				
Signature:								Da	ite:			
DETAILS OF NEW EMPLOYER												
Legal name:												
Trading name:									ABN:			
Business address:												
Postal address:												
Email:												
Contact person:								Phone	e numbe	r:		
Total number of qualified persons in the apprentice or trainee's occupation:												
Total number of apprentices or trainees:			Total number of employees:									
Address where the be employed:	apprentice or	trainee will										
I/We agree to continue to train the apprentice or trainee detailed in this form, under the registered training contract. I/We also confirm the above details are true and correct.												
Name of person sig	gning on behal	f of employer:										
Signature:										Date:		
AGREEMENT OF THE APPRENTICE OR TRAINEE												
Name:								Ρ	hone nu	mber:		
I am aware my training contract and all obligations associated with it are being transferred to the new employer as per the details on this form.												
Signature:										Date:		
Parent or guardian	's signature (if	appropriate):								Date:		

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Privacy Notice – The Department of Trade, Employment and Training (DTET) or Apprentice Connect Australia Provider is collecting the information on this form in accordance with Sections 24 and 58 of the *Further Education and Training Act 2014 (Qld)* in order to amend the training contract between the abovementioned parties. Information collected on this form may also be used by DTET for generating statistics. DTET routinely gives some or all of this information to the Australia Rovernment Department of Employment and Workplace Relations, Apprentice Connect Australia 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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