

☐ Busy At Work

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☐ MAS National

Further Education and Training Act 2014

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ATF-038

## Temporary transfer of a registered training contract

This form has been developed to notify the Department of Employment, Small Business and Training (DESBT) 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 -

cpuqueriesqld@megt.com.au

□ MEGT

☐ Apprenticeship Support Australia (ASA)			□ SYC		□ITEC		
info@apprenticeshipsupport.com.au		apprenticeshipsinfo@qld.gov.au a		apprentices	apprenticeshipsinfo@qld.gov.au		
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 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:			Registration nu			on number:	
Period of temporary transfer:			Start date of temporary transfer:				
Name of person signing behalf of employer:		Phone			number:		
Signature:					Date:		
DETAILS OF NEW EMPLOYER							
Legal name:							
Trading name:					ABN:		
Business address:							
Postal address:							
Email:							
Contact person:					Phone number		
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 app be employed:	rentice 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 signing on behalf of employer:							
Signature:				Date:			
AGREEMENT OF THE APPRENTICE OR TRAINEE							
Name: Phone number:							
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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