

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

Further Education and Training Act 2014

ATF-011

Completion agreement

AGREED PROPOSED

We, the employer, apprentice or trainee and SRTO, are satisfied that the apprentice or trainee has completed all training and assessment required under the training plan. Where the apprenticeship or traineeship was all or partly school-based we agree that the apprentice or trainee has completed the minimum paid work requirement and acknowledge that the Department of Employment, Small Business and Training (DESBT) may randomly audit completed school-based apprenticeships and traineeships to substantiate that the minimum paid work requirement has been completed.

AGREED PROPOSED COMPLETION DATE:	NOTE: Please ensure this date is <u>not more than 10 days</u> into the future when submitting this form. The agreed proposed completion date is subject to endorsement by DESBT.				
TO BE COMPLETED BY THE APPRENTICE OR TRAINEE (and parent/guardian if appropriate)					
Training contract registration number:		(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department.)			
Qualification name:			Qualification cod		
Apprentice or trainee's name:		Date of bir		f birth:	
NOTE: The following address is where the apprentice/trainee's certificate is sent. Please ensure the following address is up to date. Apprentices and trainees will receive two certificates. The SRTO will issue a certificate upon successful completion of the qualification they delivered and DESBT will issue a completion certificate for the apprenticeship or traineeship, when satisfied all requirements have been met.					
Current Postal address:					
Email:					
Apprentice or trainee's	signature:			Date:	
Parent or guardian's name:					
Parent or guardian's sig	gnature:			Date:	
TO BE COMPLETED BY THE EMPLOYER Note – where the SRTO and the employer are the same entity, the form must not be signed by the same individual for quality assurance purposes					
Trading name:			ABN:		
Email:			Phone n	Phone number:	
Name of person signing for employer:					
Employer's signature:				Date:	
Upon receipt of this agreement signed by the employer and apprentice or trainee, the SRTO must promptly sign the agreement confirming the apprentice or trainee has completed all training and assessment required under the training plan and has issued the appropriate qualification. The signed completion agreement must be sent to DESBT within 10 days after it is signed. DESBT will then consider issuing a completion certificate.					
TO BE COMPLETED BY THE SRTO					
We, the SRTO, are satisfied that the apprentice or trainee has completed all training and assessment under the training plan and we have issued a certificate to the apprentice or trainee for the related qualification.					
Name of SRTO:			Phone i	Phone number:	
Name of person signing for SRTO:					
SRTO's signature:				Date:	
Return this form (must be <u>completed</u> and <u>signed by ALL PARTIES</u>) via email to <u>apprenticeshipsinfo@qld.gov.au</u> (using a subject heading of 'Completion' or 'SAT Completion' for school-based trainees) or post to Apprenticeships Info, PO Box 15121, CITY EAST QLD 4002.					

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IMPORTANT: Failure to complete all details on this form may delay processing of this transaction. Penalties may apply for any false or misleading information provided to DESBT.

Page 1 of 1

