

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

Further Education and Training Act 2014

ATF-051

Change to mode of delivery under a training plan (by one party)

A party to a training plan (i.e. employer, apprentice/trainee or supervising registered training organisation (SRTO)) may make application to the Department of Employment, Small Business and Training (DESBT) to change the mode of delivery of the training plan if the change is necessary to assist the apprentice or trainee make the required progress to achieve the qualification or statement of attainment under the training plan.

The party applying **MUST** consider why the apprentice or trainee has not made sufficient progress to achieve the qualification or statement of attainment under the training plan. An application to change a training plan under Section 82A of the *Further Education and Training Act* 2014 **MUST** state the proposed change to the mode of delivery of the training plan and the reasons for the proposed change.

IMPORTANT INFORMATION

Completing this form – Failure to complete all details on Pages 1 and 2 of this form may delay a decision on this application. A copy of the current training plan should be attached when submitting this application. If the apprentice or trainee is making this application, the signature of the parent or guardian is required <u>only</u> if the apprentice or trainee is under 18 and it is appropriate (e.g. the apprentice or trainee is not living independently of the parent or guardian).

Date the change to the mode of delivery takes effect – If the decision by the DESBT is to change the mode of delivery of the training plan, the date the change takes effect cannot be less than 14 days after the written notice about the decision is given to the parties. The SRTO must take all reasonable steps to ensure the change is complied with by the parties to the training plan.

Return this form (must be <u>completed</u> and <u>signed</u>) via email to <u>apprenticeshipsinfo@qld.gov.au</u> (using a subject heading of 'Change to delivery mode') or post to Apprenticeships Info, PO Box 15121, CITY EAST QLD 4002

IMPORTANT: Failure to complete all details on this form will delay a decision on this application.

APPRENTICE OR TRAINEE DETAILS												
Training contract	t registra	ation number:			(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)							
Name:												
Email:				Phone number:								
☐ the apprentice or trainee is the party making the application (please tick if yes)												
EMPLOYER DETAILS												
Trading name:												
Contact name:				Phone number:								
Email:												
☐ the employer is the party making the application (please tick if yes)												
SUPERVISING REGISTERED TRAINING ORGANISATION (SRTO) DETAILS												
SRTO name:												
SRTO contact name:				Phone number:								
SRTO contact email:				•								
☐ the SRTO is th	ne party	making the applicat	ion (please tick if yes)									
PROPOSED CHANGE TO MODE OF DELIVERY OF THE TRAINING PLAN DETAILS (Note: The party applying MUST consider the apprentice/trainee has not made sufficient progress to achieve the qualification or statement of attainment under the training plan, and a change is necessary to assist the apprentice/trainee to make the required progress.)												
Please provide details of the change to												
the mode of delive	•	• .										
the applicant is proposing: (The proposed change MUST be provided.)												
Please provide details of the reason/s												
why the applicant is proposing this												
change and how this change will assist												
the apprentice/trainee to make the												
required progress to achieve the qualification or statement of attainment												
•		it of attainment										
under the training plan: (Details MUST be provided. Further details supporting												
this application MUST also be provided on Page 2.)												

Version 5 - July 2024

Document uncontrolled when printed

Page 1 of 2







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

Further Education and Training Act 2014

ATF-051

Further details supporting this application MUST be provided on this page to facilitate a timely investigation into the matter.

the matter.											
What is the history of the development of the training plan and how was the training plan negotiated by the parties? (e.g. – Did all parties contribute to the development of the plan or is it a standard plan used by the employer or provided by the SRTO? Was the training plan negotiated in a face-to-face environment or via emails?)											
What is the current mode of delivery of training provided to the apprentice/trainee by the SRTO? Eg: Classroom, Online, Workplace, Flexi. Please provide details on why this mode was chosen?											
Does the applicant have a c	copy of	f the current tra	ining _l	plan? If yes, please attach a copy	of the	training pla	n to this application.				
Does the apprentice/trainee have any specific learning needs? If yes, please provide details on how these needs are addressed under the current mode of delivery of training provided to the apprentice/trainee by the SRTO, and how might that be improved by making a change to the mode of delivery?											
Has there been any change in circumstances that necessitates the change to the mode of delivery? Please provide details.											
Has the issue where the apprentice/trainee is not making sufficient progress to achieve the requirements of the training plan or will have difficulty in achieving the requirements of the qualification or statement of attainment, been discussed with the other parties to the training plan? If yes, what was the response of the other parties, or outcome of the discussion?											
APPLICANT'S SIGNATUI	RE										
☐ I am the apprentice or tra (the signature of the parent				pprentice/trainee is under 18 and it is a	pprop	riate)					
\square I am the employer (the po	erson	signing must be	e autho	orised to sign on behalf of the emp	oloyer) (please tick	if yes)				
\square I am a representative of t	the SR	TO (the person	signin	ng must state their position held w	ith the	SRTO) (ple	ase tick if yes)				
I consider the apprentice/trainee nominated in this application has not made sufficient progress to achieve the qualification or statement of attainment under the training plan for the apprentice/trainee. I understand I am making an application to change the mode of delivery of the training plan for the apprentice/trainee, under Section 82A of the Further Education and Training Act 2014.											
Applicant's name:											
Applicant's signature:						Date:					
Applicant's position held: (if SRTO is making the application)											
Parent or guardian's name:											
Parent or guardian's email:					Phon	e number:					
Parent or guardian's signat (Required only if apprentice/trainee is	the application)			Date:							
		- 1		1							

Version 5 – July 2024

Document uncontrolled when printed

Page 2 of 2

