

Notification of change of ownership/statutory transfer (sale of business)

This form has been developed to notify the Department of Employment, Small Business (DESBT) and Training or Apprentice Connect Australia Provider (Provider) of any of the following changes to a business which employs an apprentice or trainee:

- sale or disposal of business
- dissolution of the business partnership
- the purchaser of a business with an apprentice or trainee does not wish to continue the training contract(s) (to take effect this advice must be received by DESBT or the Provider prior to the sale/disposal taking effect. This will result in the cancellation of the training contracts only; it does not cancel the employment obligations.)

How to return this form

Please return the completed form to **Apprenticeship Support Australia** at: info@apprenticeshipsupport.com.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 business which employed the below/attached apprentice(s) and/or trainee(s): (please indicate one)		<input type="checkbox"/> has been sold or disposed of. Date of sale or disposal of business: _____, or <input type="checkbox"/> has been dissolved. Date of effect of dissolution of partnership: _____			
The business is being continued by <input type="checkbox"/> 1 / <input type="checkbox"/> 2 or more person(s) who were partners in the dissolved partnership.			<input type="checkbox"/> The business will not continue after the dissolution of the partnership		
Name of person signing for original employer:			Phone number:		
Signature:			Date:		
DETAILS OF NEW EMPLOYER AND AGREEMENT TO CONTINUE TRAINING					
Legal name:					
Trading name:			ABN:		
Business address:					
Postal address:					
Contact person:			Phone number:		
Email address:					
Total number of qualified persons in the apprentice or trainee's occupation:		Total number of apprentices and trainees:		Total number of employees:	
Address where the apprentice(s) or trainee(s) will be employed:					
I/we agree to continue to train the apprentice(s) and/or trainee(s) identified in this form, under the registered training contract(s). I/we also confirm that the above details are true and correct.					
Name of authorised person signing for employer:					
Signature:			Date:		

PURCHASER DOES NOT WANT TO CONTINUE THE REGISTERED TRAINING CONTRACT ARRANGEMENTS			
Contact person:		Phone number:	
I/we do not want the registered training contract(s) to be transferred to me/us as part of the purchase arrangements. I am aware this advice will result in the cancellation of the registered training contract(s).			
Name of authorised person signing for employer:			
Signature:		Date:	

APPRENTICE OR TRAINEE DETAILS			
Note: Additional apprentices and trainees that do not fit on this form can be shown on an attached document.			
Apprentice or trainee name:			
Training contract registration number:		(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)	
Email:			
Apprentice or trainee name:			
Training contract registration number:		(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)	
Email:			
Apprentice or trainee name:			
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