

Temporary transfer of a registered training contract

This form has been developed to notify the Department of Employment, Small Business and Training (DESBT) or Australian Apprenticeship Support Network (AASN) 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 all 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.

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 SRT0 about the transfer details.			
Apprentice or trainee name:		Registration number:	
Period of temporary transfer:		Start date of temporary transfer:	
Name of person signing on 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 apprentice or trainee will be employed:			
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 that my training contract and all the 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:

How to return this form

Please return the completed form to **Apprenticeship Support Australia** at: info@apprenticeshipsupport.com.au