



Notification of change of ownership/statutory transfer

This form has been developed to notify your Australian Apprenticeship Support Network (AASN) provider of any of the following changes to a business which employs an apprentice or trainee:

- sale or disposal of the business
- dissolution of the business partnership
- the purchaser of a business with an apprentice/trainee does not wish to continue the training contract/s (to take effect this advice must be received your AASN provider prior to the sale/disposal taking effect. This will result in the cancellation of the registered training contract only; it does not cancel 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: _____

(Tick boxes as appropriate)

I/we advise that the business, which employed the attached apprentice(s) and/or trainee(s):

has been sold or disposed of. Date of sale or disposal of business: _____, or

has been dissolved. Date of effect of dissolution of partnership: _____

The business has been continued by 1 / 2 or more person/s who were partners in the dissolved partnership.

The business will not continue after the dissolution of the partnership

Name of person signing for original employer: _____ Phone no: _____

Signature: _____ Date: _____

Details of new employer and agreement to continue training.

Legal name: _____

Trading name: _____ ABN: _____

Business address: _____ Postcode: _____

Postal address: _____ Postcode: _____

Contact person: _____ Phone no: _____

Email address: _____

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(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 no: _____

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

Name of apprentice or trainee 1 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 2 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 3 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 4 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 5 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 6 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 7 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Name of apprentice or trainee 8 _____
 Training contract registration number: _____
 Email: _____

(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department or Australian Apprenticeship Support Network provider.)

Note: Additional apprentices or trainees can be shown on an attached document

Privacy Notice – The Department of Employment, Small Business and Training (DESBT) or Australian Apprenticeship Support Network provider is collecting the information on this form in accordance with Sections 29 and 58 of the *Further Education and Training Act 2014 (Qld)* in order to amend the training contract between the abovementioned parties. Information collected on this form may also be used by DESBT for generating statistics. DESBT routinely gives some or all of this information to the Australian Government Department of Education and Training, Australian Apprenticeship Support Network providers, Queensland Curriculum and Assessment Authority and schools (for school-based apprentices/trainees) and registered training organisations for the purpose of updating the status of the training contract and/or verifying subsidy claims. Your information will not be disclosed to any other person or agency unless you have given us permission or it is required or authorised by law.