

**APPLICATION FOR APPROVAL TO VARY A TRAINING CONTRACT**

Please return the completed form to the Australian Apprenticeship Centre of your choice.

By signing this form, you are agreeing to the variation of the training contract between the employer and the apprentice. If you do not agree, speak with your Australian Apprenticeship Centre (1800 639 629) or the VRQA Apprenticeships hotline (1300 722 603).

Please tick appropriate box and complete the detail requested

❑ **Change of qualification/qualification stream Date of effect:** ............/........../...........

❑ **Change of date of commencement** (attach employer supporting documentation)

❑ **Extension of completion date** (if more than six months attach copy of the revised training plan from the RTO)

❑ **Change of RTO Enrolment date with new RTO** .............../........../...........

❑ **Change of attendance type Date of effect:** ........../........../............

(eg: School based - part time to full time)

❑ **Change of apprentice name** (attach a copy of the marriage certificate or deed poll)

Please provide details of the Training Contract you wish to vary

A. The Training Contract currently states:

……………………………………………………………………………………………………………………………………………………….……….

……………………………………………………………………………………………………………………………………………………….……….

B. The Training Contract is to be varied to state

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C. Reason for change

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………...

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Employer

Employer Trading or Legal name: .............................................................................................. ABN: ..................................

Employer Representative: ........................................................ .................................................. ............/............../.............

Please print name Signature Date

**Apprentice**

Full name of apprentice:..................................................................................... Registration No. ..........................................

Signature: ……………………………….……....………………………………… Date: ............/............../.............

Parent/Guardian: ……..………..…….…………………………..………………. Date: ............/............../.............

(if apprentice is under 18 years of age)

**OFFICE USE ONLY APPROVED/NOT APPROVED: ………………………………………………………………**

Terms and Conditions

The information provided on this form:

* is collected for the purposes of variation, research, preparing statistics, program administration, regulation of apprenticeships/traineeships in accordance with the *Education and Training Reform Act 2006*, monitoring and evaluation, calculating incentives and allowances paid to employers and apprentices/trainees and preventing dual payments
* may be disclosed to and used for these purposes by the Australian Government, including the Department of Industry, Innovation Science, Research and Tertiary Education and Centrelink, State/Territory government departments and agencies, Australian Apprenticeship Centre, Registered Training Organisation, non-government education authorities and the contractors or agents of any of these organisation, departments and agencies
* may also be exchanged between the Department of Industry, Innovation Science, Research and Tertiary Education and Centrelink (for Youth Allowance, Austudy and ABSTUDY administration) to provide confirmation that the apprentice/trainee who signed this declaration is an Australian apprentice
* may otherwise be disclosed without consent where authorised, or required, by law
* you are able to request access to personal information that we hold about you and request that it be corrected.