

## Temporary transfer of a registered training contract

This form has been developed to notify your Australian Apprenticeship Support Network 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 new employer is taking on all the obligations related to the registered training contract.

**How to return this form** – Please return the completed form to MEGT (Australia) Ltd at: [cpuqueriesqld@megt.com.au](mailto:cpuqueriesqld@megt.com.au) or fax: (07) 3871 4499 or via mail: PO Box 311, Toowong DC, Qld 4066.

**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:

Apprentice or trainee's name: \_\_\_\_\_ Registration number: \_\_\_\_\_

is being temporarily transferred to the employer detailed on this form for a period of \_\_\_\_\_ starting from \_\_\_\_/\_\_\_\_/\_\_\_\_. I/We will advise/have advised the SRTO about the transfer details.

Name of person signing for employer: \_\_\_\_\_ Phone no: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Details of new employer**

Legal name: \_\_\_\_\_

Trading name: \_\_\_\_\_ ABN: \_\_\_\_\_

Business address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone no: \_\_\_\_\_

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/trainee will be employed: \_\_\_\_\_

I/We agree to continue to train the apprentice or trainee identified in this form, under the registered training contract.  
I/We also confirm that the above details are true and correct.

Name of person signing for employer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Agreement of the apprentice or trainee**

Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

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: \_\_\_\_\_

**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 24 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, Apprenticeship 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.