

## Amendment of school-based training contract

Please return the completed form to your nearest Department of Education and Training's (DET) Training Queensland district office. The address, fax and email details can be obtained from DET's Apprenticeships Info internet website shown above or by telephoning Apprenticeships Info on 1800 210 210. Please note: The Training and Employment Recognition Council must approve the amendment before it takes effect.

**THIS APPLICATION CAN BE SCANNED AND E-MAILED BACK TO [YOUR NEAREST TRAINING QUEENSLAND DISTRICT OFFICE](#)**

**EMPLOYER TO NOTE:** If you employ a school-based apprentice or trainee (SAT) who is changing to full or part-time employment, the training contract must be amended to either a full-time or part-time contract. You can use this form to convert your apprentice or trainee's training contract to full or part-time.

**ALL PARTIES TO NOTE:** If for some reason you cannot continue with the training contract, please contact Apprenticeships Info on 1800 210 210 to discuss your options.

Registration Number: 2 0 \_\_\_\_\_

### Employer Details

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

Trading as: \_\_\_\_\_

Employer's address: \_\_\_\_\_

### Apprentice/trainee details

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

### Amendment of training contract (tick one only)

We wish to make an application to **AMEND** our training contract from **SCHOOL-BASED** to:

A **FULL-TIME** training contract  OR a **PART-TIME** training contract

This amendment will become effective as at: \_\_\_ / \_\_\_ / \_\_\_

The parties agree to review the training plan with the supervising registered training organisation (college or training provider).

### Signatures

I, \_\_\_\_\_ have the authority to sign as, or on behalf of, the employer.

(Please print employer's name)

Signed by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

(Signature of employer or authorised person)

Signed by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

(Signature of apprentice or trainee)

**NOTE:** If the apprentice or trainee is under 18 years the parent or guardian must also sign.

Signed by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

(Signature of parent/guardian)

**Privacy Notice** – The Department of Education and Training (DET) is collecting the information on this form in accordance with Section 57 of the Vocational Education, Training and Employment Act 2000 (QLD) in order amend the training contract between the abovementioned parties to either full time or part time. Information collected on this form may also be used by DET for generating statistics on school based apprentice and trainee conversions and cancellations. Where the personal details provided, such as address, differ from the details already held by DET this information will be used to update the personal details held in DET's DELTA database. DET routinely gives some or all of this information to the Department of Education, Employment and Workplace Relations, Australian Apprenticeships Centres, Queensland Studies Authority and registered training organisations for the purpose of updating the status of the training contract and/or for 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.