

Apprenticeships Info

it's your call 1800 210 210

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email apprenticeshipsinfo@qld.gov.au • or visit www.apprenticeshipsinfo.qld.gov.au • An initiative of the Queensland Skills Plan

Completion agreement

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.

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

PLEASE NOTE: This agreement must be completed by the apprentice/trainee, employer AND the SRTO before forwarding to your closest Training Queensland district office.

Training Contract Details

Registration number: 2 0 _____

Qualification name: _____

Qualification code: _____

Apprentice or trainee name: _____

Postal address: _____ Postcode: _____

Employer ABN: _____

Employer Legal Name: _____

Employer Trading Name: _____

Postal address: _____ Postcode: _____

Completion Agreement/Notice of Issue of Qualification [Employer, apprentice or trainee and Supervising Registered Training Organisation (SRTO)]

We, the apprentice/trainee and employer, agree that the apprentice/trainee has completed all training required to be delivered by the employer under the training plan.

Apprentice/trainee signature: _____ Date: ___ / ___ / ___

Employer signature: _____ Date: ___ / ___ / ___

Name of person signing for employer (please print): _____

Proposed completion date: ___ / ___ / ___

NOTE: The employer or apprentice/trainee must give the SRTO a copy of this signed notice within 10 working days after the agreement. **The apprenticeship/traineeship is not completed until the SRTO has confirmed the actual completion date with you.**

We, the SRTO, confirm that all parties have agreed to an Actual Completion Date of ___ / ___ / ___

The qualification was issued to the apprentice/trainee on ___ / ___ / ___

Name of SRTO: _____

Signature: _____ Date: ___ / ___ / ___

(Signature of person authorised to sign on behalf of SRTO)

(Name of person authorised to sign on behalf of SRTO)

Ph: _____

Privacy Notice – The Department of Education and Training (DET) is collecting the information on this form in accordance with Sections 72 – 75 of the Vocational Education, Training and Employment Act 2000 (QLD) in order to process the completion of the training contract between the abovementioned parties. Information collected on this form may also be used by DET for generating statistics on apprentice and trainee completions. 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 schools (for school-based apprentices/trainees) 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.

Version 5 – September 2009

Queensland the Smart State



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