

Assignment/change of legal name

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 REGIONAL OFFICE](#)

Apprentice or trainee declaration

I wish to amend my registered training contract due to a change in my employer's business as stated below.

Apprentice or trainee 1: 2 0 _____
(Registration number)

Apprentice or trainee 2: 2 0 _____
(Registration number)

(Name)

(Name)

(Signature)

(Signature)

Apprentice or trainee 3: 2 0 _____
(Registration number)

Apprentice or trainee 4: 2 0 _____
(Registration number)

(Name)

(Name)

(Signature)

(Signature)

For additional apprentices or trainees, please attach a separate sheet showing apprentices' and/or trainees' names, registration numbers and signatures.

Original employer declaration

I/We, _____,
(Full legal name of employer)

advise that the business _____ which employed the
(Trading name of employer)
above apprentice/s and/or trainee/s has:

been sold. Date of sale of business: ___ / ___ / ___

or

been dissolved. Date of effect of dissolution of partnership: ___ / ___ / ___

(1) The business has been continued by 1 person who was a partner in the dissolved partnership:
Yes No

(2) The business has been continued by 2 or more persons who were partners in the dissolved partnership:
Yes No

or

changed its legal name. Date of effect of change: ___ / ___ / ___

Signature: _____

Date: ___ / ___ / ___

Apprenticeships Info

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Details of new employer/ purchaser/ new legal name

ABN: _____

Legal name of employer: _____

Trading name: _____

Business address: _____

Postal address: _____

Name of contact: _____ Telephone: _____ Fax: _____

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 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.

Signature: _____ Date: ___ / ___ / ___

Name of person signing: _____

Supervising registered training organisation (SRTO) declaration

I/We have noted the proposed amendment with the employer and apprentice/trainee and support the application to amend. The training plan will be reviewed if required.

Name of SRTO: _____

(Name of person authorised to sign on behalf of the SRTO) Telephone: _____

Signature: _____ Date: ___ / ___ / ___

Department of Education and Training USE ONLY:

Approved/ not approved: _____ Date: ___ / ___ / ___

Privacy Notice – The Department of Education and Training (DET) is collecting the information on this form in accordance with Section 59 of the Vocational Education, Training and Employment Act 2000 (QLD) in order to amend the training contract between the abovementioned parties and ensure the information with respect to that training contract is current and accurate. 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 ensuring they hold up to date information about training contracts 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.