

Training Contract variation application:
Transfer to New Employer



For assistance in completing this form call Innovation and Skills on 1800 673 097

An application can be made by any of the parties to a training contract to substitute the current employer with a new employer [Transfer of Training Contracts and Substitute Employer](#)

If the new employer is not already registered to employ and train apprentices or trainees in the trade/vocation being undertaken through the Training Contract, they will first need to apply for registration.

Note - there is no probationary period for a transferred training contract, and a training contract transfer can only occur if there is no break in service between transferring employers.

Incomplete applications may be returned to the applicant

! Required fields to be completed are indicated with a red asterisk on the right-hand side *

A transfer fee is payable to the current employer from the new employer unless the current and new employer are seeking to have the transfer fees waived or reduced.

Small Business (20 or fewer employees)

First year of training contract	\$1,600
Second year of training contract	\$3,200
Third year of training contract	\$4,800
Fourth year of training contract	\$6,400

Medium to large business (21 or more employees)

First year of training contract	\$2,000
Second year of training contract	\$4,000
Third year of training contract	\$6,000
Fourth year of training contract	\$8,000

Total number of employees for the new employer		*
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Transfer Fee select the appropriate responses below

	YES	NO	
The current and new employer agree to waive the transfer fee (no transfer fee to be paid)			*
The current and new employer agree to the transfer fee indicated in the tables above enter the agreed transfer fee amount \$_____			*
The current and new employer agree to reduce the transfer fee indicated in the tables above. <u>The maximum reduction allowable is 20% of the dollar value indicated in the tables above</u> enter the agreed transfer fee amount \$_____			*
The new employer is seeking to have the transfer fees waived			*
If yes above, new employer to provide a reason			
Provide evidence of the transfer fee transaction or provide a signed agreement to pay the transfer fee (not applicable if the transfer fee is being waived)			*

If the current employer objects to the training contract transfer, please provide a reason *

enter N/A if not applicable

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Current employer to provide a reason for transferring this training contract *

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Effective date of transfer

Effective from (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		*
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Trainee/apprentice details

First name(s):		*						
Last name(s):		*						
Mobile phone no:								
Date of Birth (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		*	
Training Contract number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	

Current employer

Current employer's legal name:		*
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New employer

New employer's legal name:		*	
New Employer's ABN			
New worksite address:		Postcode: <input type="text"/>	*
New employer phone no:			*
New employer email:			*
New industrial agreement (if changed):			
New employer's Apprenticeship Network Provider (if changed):			



See Page 3 for required signatures

Signatures

By signing below, you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *South Australian Skills Act 2008*. Please call Innovation and Skills on 1800 673 097 if you have any questions before you sign below.

	*	Print current employer representative name	*
Current employer representative signature		Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Current employer phone number:			*

	*	Print new employer representative name	*
New employer representative signature		Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
By signing you are consenting to the transfer of the training contract in this application and any potential transfer fees			

Refer to Standard 9 [Transfer of Training Contracts and Substitute Employer](#) for information regarding transfer fees before signing

	*	Print name	*
Trainee/apprentice signature		Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*

	*	Print name	*
Parent Guardian signature (if learner aged under 18)		Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*

For a Change of Ownership application go to [Register to employ and apprentice or trainee](#)

You are advised to retain a copy of this form for your records

Please submit your application to:

Email: dis.tamfax@sa.gov.au

Post: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

For assistance or more information

Call the **Skills Infoline** on 1800 673 097

Or visit us at www.skills.sa.gov.au/apprentices