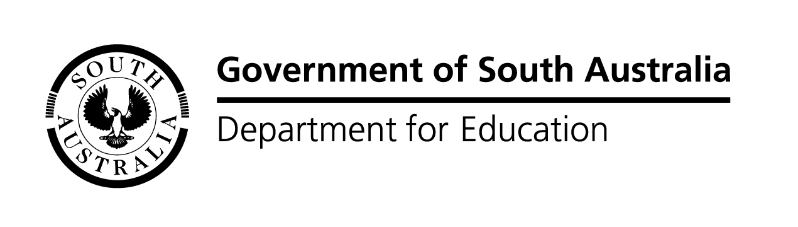
******Training Contract variation application:**

Transfer to New Employer

An application can be made by any of the parties to a training contract to substitute the current employer with   
a new employer, please refer to [Standard 9 - Transfer of Training Contracts and Substitute Employer](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf)

Contact the Skills Infoline on 1800 673 097 for advice if,

* The employer of the Apprentice/Trainee has changed due to a change of ownership of the business.   
  This will require an update to the Employer Registration, or,
* The new employer is **not already registered** to employ and train apprentices or trainees in the trade/vocation being undertaken through the Training Contract.

**This application incorporates two parts**

* **Part One** (parties to the substitution) requires all fields to be completed, and must be signed   
  by all parties - i.e. Current Employer, Substitute (New) Employer, Apprentice/Trainee, Parent/Guardian (if applicable).
* **Part Two** The agreement between the current employer and proposed new employer on agreed transfer fees to be paid on substitution, as per Sections 54N & 54O of the [*South Australian Skills   
  Act 2008*](https://www.legislation.sa.gov.au/__legislation/lz/c/a/south%20australian%20skills%20act%202008/current/2008.30.auth.pdf) & [Standard 9: Transfer of Training Contracts and Substitute Employer](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf).
  + select **one** of the options
  + to be signed by Current Employer and Substitute (New) Employer

# Part One – Parties to the Substitution

**Effective date of Transfer**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Effective from (DD/MM/YY): | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |

## Trainee/Apprentice Details

|  |  |
| --- | --- |
| First Name(s): |  |
| Last Name: |  |
| Phone Number: |  |
| Training Contract Number: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | \ |  | |
| Qualification: |  |
| Year Level of Apprentice/Trainee: | (If not known contact Skills Infoline on 1800 673 097) |

**Nominated Training Organisation (NTO)**

|  |  |
| --- | --- |
| Name: |  |

**Current Employer**

|  |  |
| --- | --- |
| Legal Name: |  |
| Reason for transferring this  Training Contract: |  |
| If the current employer objects to the training contract transfer, please provide a reason: |  |

**Substitute (New) Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name: |  | | |
| ABN: |  | | |
| Worksite Address: |  | | Postcode:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |
| Phone Number: |  | | |
| Number of Employees:  *(*[*Refer to Standard 9*](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf)*)*  Please tick applicable box | Small business (20 or fewer employees) | 🗆 | |
| Medium to large business (21 or more employees) | 🗆 | |
| Email: |  | | |
| Industrial Agreement / Enterprise Agreement: | (If not known contact the [Fair Work Ombudsman](http://www.fairwork.gov.au) on 13 13 94) | | |
| Apprenticeship Network Provider *(if changed):* |  | | |

## Signatures

* I am authorised to sign this document and acknowledge I am aware of my rights and obligations under the Training Contract and under the [*South Australian Skills Act 2008*](https://www.legislation.sa.gov.au/__legislation/lz/c/a/south%20australian%20skills%20act%202008/current/2008.30.auth.pdf)& [Standard 9: Transfer of Training Contracts and Substitute Employer](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf).
* By signing this form, you agree to the substitution of the Employer under the Training Contract.
* If you have any questions, please call the Skills Infoline on 1800 673 097.

|  |  |
| --- | --- |
| **\***  Current Employer Representative Signature: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |
| **\***  Substitute (New) Employer Representative Signature: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |
| **\***  Apprentice/Trainee Signature: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |
| **\***  Parent/Guardian Signature *(If learner aged under 18)*: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |

# Part Two – Agreed transfer fees to be paid on substitution

Tick **one (1)** of the 4 options from the table below.

|  |  |  |
| --- | --- | --- |
| **Option 1** | The current employer **agrees to** have the fee waived (no transfer fee payable) | 🗆 |
| **Option 2** | The substitute employer **agrees to** the transfer fee indicated in  [Standard 9 - Transfer of Training Contracts and Substitute Employer](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf) | 🗆 |
| **Option 3** | The current employer and substitute employer **agree to a transfer fee of:**   |  | | --- | | **$** | | 🗆 |
| **Option 4** | The new employer is seeking to have the transfer fee waived | 🗆 |
| If Option 4 is selected, please provide a reason: | | |

Please note:

* Transfer fees are exempt from the Goods and Services Tax (GST).
* An apprentice or trainee is not liable for payment of the fee.
* The transfer fee within Option 2 is calculated based on the time already served by the learner under  
  the Training Contract and the size of the substitute employer.   
  Refer to [Standard 9 - Transfer of Training Contracts and Substitute Employer](https://sascstore.blob.core.windows.net/sasc-storage/assets/SA-Skills-Standard-09-Update-July-2023.pdf) for information.
* If you have any questions, call the Skills Infoline on 1800 673 097.

## Signatures

* I am authorised to sign this document on behalf of the employer.
* I acknowledge that by signing below I agree to the transfer fee arrangements outlined above.
* You will receive confirmation of the transfer fee payable upon approval of this substitution application.

|  |  |
| --- | --- |
| **\***  Current Employer Representative Signature: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |

|  |  |
| --- | --- |
| **\***  Substitute (New) Employer Representative Signature: | Print Name: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: |

|  |  |
| --- | --- |
| **Please** **submit your application to:**  Email: [education.tasforms@sa.gov.au](mailto:education.tasforms@sa.gov.au)  Post: **Traineeship and Apprenticeship Services**  GPO Box 1152, 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](http://www.skills.sa.gov.au/apprentices) |