



For assistance in completing this form call the Department for Education on 1800 673 097

Complete and submit this form to notify Traineeship and Apprenticeship Services (TAS) of a change in your details.

This form relates to the Standard "Training Contract Approval" which requires that TAS be notified of any material change to the Training Contract.

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

1. General

Changes effective from (DD/MM/YY):	/ /	*
Changes apply to:	<input type="checkbox"/> Apprentice/trainee (<i>complete sections 1, 2, 3 and 8</i>) <input type="checkbox"/> Employer (<i>complete sections 1, 4, 5 and 8</i>) <input type="checkbox"/> Parent/guardian (<i>complete sections 1, 6, 7 and 8</i>)	*

2. Trainee/apprentice *current* details

First name(s):		*
Last name(s):		*
Date of Birth (DD/MM/YY):	/ /	*
Training Contract number:	<input type="text"/> \ <input type="text"/>	*
Employer's worksite postcode:		*

3. Trainee/apprentice *changed* details

! **Evidence Required.** If you are a trainee/apprentice providing notification of a change in your name, evidence must be attached. This may include a copy, and not an original, of one of the following: Change of Name Certificate, Deed Poll or Marriage Certificate.

First name(s):	
Last name(s):	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>

4. Employer *current* details

Legal name:	*
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5. Employer *changed* details

Contact person:	
Position:	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>



Only complete sections 6 and 7 if you are the parent/guardian of an apprentice/trainee aged under 18.

6. Parent/guardian *current* details

Name:	*
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7. Parent/guardian *changed* details

Name:	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>

8. Signatures

Only the party whom the changes relate to needs to sign this form. However, if there is a change of parent/guardian under the Training Contract then the trainee/apprentice must also sign the form.

Employer representative signature	* Print name: *
	Signature date: / / * (DD/MM/YY)

Trainee/apprentice signature	* Print name: *
	Signature date: / / * (DD/MM/YY)

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: / / * (DD/MM/YY)

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 please:

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

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