

Training Contract variation application: Change of Hours



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

Complete and submit this form to apply to vary the hours per week worked under a Training Contract in South Australia, or to vary the employment type between part-time and full-time.

This form relates to the Standard 8, Training Contract Conditions where parties to a part-time apprenticeship or traineeship may agree on the hours worked under the Training Contract, provided:

- part-time minimum hours worked under a standard apprenticeship or traineeship are at least 15 hours per week
- part-time minimum hours worked under a school-based apprenticeship or traineeship are at least 7.5 hours per week.

The agreed arrangement must be consistent with the award or industrial agreement to which the apprenticeship or traineeship relates.

An increase in hours per week will bring forward the nominal completion date of the Training Contract, while a decrease in hours per week will extend the term of the Training Contract.



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

1. Trainee/apprentice details

First name(s):				*
Last name(s):				*
Phone no:	Mobile no:			
Date of Birth (DD/MM/YY):	/	/		
Training Contract number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	*
Employer's legal name:				*
Employer's worksite postcode:	<input type="text"/>			

2. Change of hours details

Effective from (DD/MM/YY):	/	/	*
New hours per week:			
If the Training Contract is school-based, will it continue to be school-based?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*
Employment type:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	*



See page 2 of this form for required signatures.

3. 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 the Department for Education on 1800 673 097 if you have any questions before you sign below.

Employer representative signature	* Print name: *
	Signature date: (DD/MM/YY) / / *
Employer phone number or email:	

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) / / *

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 please:

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

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