

## Training Contract variation application:

Transfer to New Employer

For assistance in completing this form call the **Skills Infoline** 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](https://sascstore.blob.core.windows.net/sasc-storage/assets/DIS152-SA-Skills-Standard-09.pdf?mtime=20210630162647&focal=none)

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.

**Note - The transfer fees are exempt from the Goods and Services Tax (GST).**

**Small Business (20 or fewer employees)**

|  |  |
| --- | --- |
| First year of training contract | $1,632 |
| Second year of training contract | $3,264 |
| Third year of training contract | $4,896 |
| Fourth year of training contract | $6,528 |

**Medium to large business (21 or more employees)**

|  |  |  |
| --- | --- | --- |
| First year of training contract | $2,040 | |
| Second year of training contract | $4,080 | |
| Third year of training contract | $6,120 | |
| Fourth year of training contract | $8,160 | |
|  |  | |
| **Total number of employees for the new employer** |  | **\*** |

|  |  |
| --- | --- |
| YES | NO |

**Transfer Fee** select the appropriate responses below

|  |  |  |  |
| --- | --- | --- | --- |
| 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. The maximum reduction **allowable is 20%** of the dollar value indicated in the tables above  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 |
|  |

## 

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

**Effective date of transfer**

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

## Trainee/apprentice details

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s): |  | | **\*** |
| Last name(s): |  | | **\*** |
| Mobile phone no: |  | | |
| Date of Birth (DD/MM/YY): | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | **\*** |
| Training Contract number: |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | / |  | | |

**Current employer**

|  |  |  |
| --- | --- | --- |
| Current employer’s legal name: |  | **\*** |

**New employer**

|  |  |  |  |
| --- | --- | --- | --- |
| New employer’s legal name: |  | | **\*** |
| New Employer’s ABN |  | |  |
| New worksite address: |  | Postcode:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **\*** |
| 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 the Skills Infoline on 1800 673 097 if you have any questions before you sign below.

|  |  |  |
| --- | --- | --- |
| **\***  Current employer representative signature | Print current employer representative name | **\*** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: | **\*** |
| Current employer phone number: | | **\*** |

|  |  |  |
| --- | --- | --- |
| **\***  New employer representative signature | Print new employer representative name | **\*** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: | **\*** |
| **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](https://sascstore.blob.core.windows.net/sasc-storage/assets/DIS152-SA-Skills-Standard-09.pdf?mtime=20210630162647&focal=none) **for information regarding transfer fees before signing**

|  |  |  |
| --- | --- | --- |
| **\***  Trainee/apprentice signature | Print name | **\*** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: | **\*** |

|  |  |  |
| --- | --- | --- |
| **\***  Parent Guardian signature  (if learner aged under 18) | Print name | **\*** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   Date: | **\*** |

**For a Change of Ownership application go to** [**Register to employ and apprentice or trainee**](https://www.skills.sa.gov.au/business/employer-registration)

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

|  |  |
| --- | --- |
| **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) |