NSW Department of Education

Training Services



Application to Vary an Apprenticeship or Traineeship by Consent – VT2

Current Training Contract Details:												
Apprentice/Tr	ainee	details										
Surname:				Give	en Name	es:						
Date of Birth:			Т	rainin	g Contra	act ID:						\
Street Address:							·					
Suburb:						State:			Posto	code:		
Email Address:							Mobile:					
Employer details												
Employer Legal	Name:											
Employer Trading Name:												
Postal Address:												
Suburb:					5	State:	DROP DO	NW	Posto	ode:		
Email Address:							Mobile:					
Current Apprenticeship/Traineeship details												
Vocation:							VTO ID:					
Qualification:							National Code:					
RTO:							RTO ID:					
Contract type:	DROP	DROP DOWN					Employment type: DROP DOWN			I		
Complete Relevant Sections as Appropriate												
☐ Request to change contract type												
New contract type: DROP DOWN OTJ days - credit*:				OTJ days – completed*:								

^{*} Only applicable for learners changing from SBAT to Full Apprenticeship/Traineeship

☐ Request to o	change employ	ment ty	ype						
New employment type:		☐ Full-time		□ Part-	□ Part-time		☐ School-based		
Minimum average hours per week (for part time applicants):									
Minimum part-time ha full-time term of 2 whole number. **									
☐ Request to d	change vocatio	on/quali	fication						
New Vocation:					VTO ID:				
New Qualification:					National C	ode:			
☐ Amende	ed training plan a	ttached. (Competencies	for which R	PL or credit t	ransfer ap	oply are spe	cified.	
□Lacknov	vledge that chan	ging voca	etion may also	change the	term of the t	raining co	ntract		
□ r deknov	vicage that chan	Billig vocc	ition may atso	change the		idililig coi	iiidet.		
☐ Request to a	change term						_		
Credit previously approved (months):		e would e to:		The credit by (months):	:	Adjust (month	ed term ns):		
Credit may be allowed	ed for skills held pr	ior to the c	commencement	of the trainin	g contract.				
☐ Evidence supporting this request for credit adjustment is attached.									
☐ Request to a	adjust term								
Current expected completion date:		e would ke to:		The term by (months):		New co	ompletion		
Credit may be allowe	ed for skills held pr	ior to the c	commencement	of the trainin	g contract.				
☐ Updated Trainir	ng Plan attached.	Compete	encies success	sfully compl	eted are spec	cified.			
□ Request to (change trainin	g nlan/t	raining nro	vider					
Training			DROD	\neg		Start dat	te at		
Suburb*:		Stat	e*: DOWN	Postcode		RTO*:			
Salutation*:	First Name*:			S	urname*:				
Email*:				Contact No	umber*:				

*Mandatory Fields

☐ Change of	Registere	d Training Organisation ((RTO)	
New RTO Name:	:			
New RTO ID:			NTIS ID:	
☐ Change of	mode of tr	aining delivery		
Current Mode:	urrent Mode: DROP DOWN			DROP DOWN
Date of effect				
Date of effect:		OR Change/s to take ef training contract.	fect retrospec	ctively from the commencement of the
Reason				
Reason for variation request:				
		rt the proposed changes to the under the terms of the amer		ship/traineeship identified on this form and contract
Name of Employ Representative:	/er			
Position Title:				
	Employ	er Signature		Date
		ges to the apprenticeship/tra f the amended training contr		ntified on this form and I agree to fulfill my
	Apprei	ntice/Trainee	_	Date
the date (as liste	d above) on		ed by the emp	he apprentice/trainee, within six weeks from ployer and the apprentice/trainee to deliventity transfer or RPL will apply.
<u> </u>				11.0
New RTO (c	only sign wh	en requesting change of RTO)	Date

Bulk Application

A bulk application may be lodged for the variation of 10 or more apprenticeships or traineeships.

To lodge a bulk application:

- complete this form (leaving out learner details and signatures), record details of apprenticeships or traineeships to be varied using the Bulk Apprenticeship and Traineeship Schedule contact each apprentice or trainee on the list and:
 - o explain the situation
 - o discuss the proposed variation and effective date; and
 - o obtain their consent/agreement to the variation and effective date
- an authorised representative of the employer should then email this form and schedule to their Training Services (TS) home centre (see link details below) for processing. This email must also include the following statement:

I certify that a representative of [insert employer legal name] has contacted each apprentice or trainee on the attached template schedule, explained the need to vary their apprenticeship or traineeship from the nominated date, and gained their consent/agreement to this variation. I also certify that I acknowledge/ understand/agree to the additional certifications detailed on the attached "Variation of an apprenticeship or traineeship by consent form".

Note: Where multiple variations are identified in a bulk application, the selected variation types **must** apply to **all** learners on the Schedule. If there are various variation dates, write "multiple dates" on the form and provide the dates in the Schedule (column "Effective Date/ Period"). Employers must maintain evidence of apprentice/trainee consent and be able to provide this to TS if requested.

Commissioner for Vocational Training

For further information please contact us on 13 28 11 or contact your local regional office.

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Training Services							
Central & Northen Sydney CHATSWOOD NSW 2067 ts.chatswood@det.nsw.edu.au	New England TAMWORTH NSW 2340 ts.tamworth@det.nsw.edu.au						
Southern & South Western Sydney BANKSTOWN NSW 2200 ts.bankstown@det.nsw.edu.au	North Coast & Mid North Coast LISMORE NSW 2480 ts.lismore@det.nsw.edu.au						
Western Sydney & Blue Mountains PARRAMATTA NSW 2150 ts.parramatta@det.nsw.edu.au	Riverina WAGGA WAGGA NSW 2650 ts.waggawagga@det.nsw.edu.au						
Hunter & Central Coast NEWCASTLE WEST NSW 2302 ts.newcastle@det.nsw.edu.au	Western NSW ORANGE NSW 2800 ts.orange@det.nsw.edu.au						
Illawarra & South East NSW WOLLONGONG NSW 2500 ts.wollongong@det.nsw.edu.au							