



# Application to vary an apprenticeship or traineeship by consent

VT2 (February 2023)

Version 4.05

## Current Training Contract Details:

### Apprentice/Trainee details

Surname:  Other names:  DOB:  TCID:  \

Street address:

Suburb:  State:  Postcode:

Email address:  Mobile No:

### Employer details

Employer legal name:

Employer trading name:

Postal address:

Suburb:  State:  Postcode:

Email address:  Mobile No:

### Current Apprenticeship/Traineeship details

Vocation:  VTO ID:

Qualification:  National code:

RTO:  RTO ID:

Contract type:  Employment type:

## Complete Relevant Sections as Appropriate

### Request to change contract type

New contract type:  OTJ days - credit\*:  OTJ days - completed\*:

\* Only applicable for learners changing from SBAT to Full Apprenticeship

### Request to change employment type

New employment type:  Full-time  Part-time  School-based

Minimum average hours per week (for part time applicants):

Minimum part-time hours are 15 hours per week (most traineeships) or 21 hours per week (apprenticeships and traineeships with a full-time term of 2 years or more). Hours per week may be averaged over a four-week period.

### Request to change vocation/qualification

New vocation:  VTO ID:

New qualification:  National code:

Amended training plan attached. Competencies for which RPL or credit transfer apply are specified.

I acknowledge that changing vocation may also change the term of the training contract.

Request to change term

Request to adjust credit

Credit previously approved (months):  We would like to:  The credit by (months):  Adjusted term (months):

***Credit may be allowed for skills held prior to the commencement of the training contract***

Evidence supporting this request for credit adjustment is attached.

Request to adjust term

Current expected completion date:  We would like to:  The term by (months):  New completion date:

Updated Training Plan attached. Competencies successfully completed are specified.

Request to change training plan/training provider

Training Suburb\*:  State\*:  Postcode\*:  Start date at RTO\*:

Salutation\*:  First Name\*:  Surname\*:

Email address\*:  Contact No\*:

***\* Mandatory Fields***

Change of Registered Training Organisation

New RTO name:  NSW RTO ID:   
NTIS ID:

Change of mode of training delivery

Current Mode:  New Mode:

***Date of effect***

Date of effect:  OR  Change/s to take effect retrospectively from the commencement of the training contract.

***Reason***

Reason for variation request:

By lodging this form, I support the proposed changes to the apprenticeship/traineeship identified on this form and I agree to fulfill my obligations under the terms of the amended training contract

Name of Employer Representative:

Position of Employer Representative: \_\_\_\_\_

\_\_\_\_\_  
**Employer** **Date**

I support the proposed changes to the apprenticeship/traineeship identified on this form and I agree to fulfill my obligations under the terms of the amended training contract

\_\_\_\_\_  
**Apprentice/trainee** **Date**

I agree to develop a Training Plan, in consultation with the employer and the apprentice/trainee, within six weeks from the date (as listed above) on which my RTO was nominated by the employer and the apprentice/trainee to deliver training. This Training Plan will identify any competencies for which credit transfer or RPL will apply.

\_\_\_\_\_  
**New RTO (only sign when requesting change of RTO)** **Date**

**Bulk Applications**

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:

- explain the situation
- discuss the proposed variation and effective date; and
- 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 NSW (TSNSW) home centre (see contact 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 TSNSW if requested.

**Office use only:**

\_\_\_\_\_  
**Approved by (Signature)** **Date**

\_\_\_\_\_  
**Name of authorising officer** **Position**

Commissioner for Vocational Training

# Training Services NSW

Call 13 28 11

**Central and Northern Sydney**  
CHATSWOOD NSW 2067  
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**Southern & South Western Sydney**  
BANKSTOWN NSW 2200  
[ts.bankstown@det.nsw.edu.au](mailto:ts.bankstown@det.nsw.edu.au)

**Western Sydney & Blue Mountains**  
PARRAMATTA NSW 2150  
[ts.parramatta@det.nsw.edu.au](mailto:ts.parramatta@det.nsw.edu.au)

**Hunter & Central Coast**  
NEWCASTLE WEST NSW 2302  
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**Illawarra & South East NSW**  
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**New England**  
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