

Application for the transfer of an apprenticeship or traineeship – VT8

How to use this form

This transfer application form is designed to be completed electronically and then emailed or printed. Please indicate by ticking the appropriate box whether this form:

will be submitted on its own, with details of the new employer attached (see page 3 -New Employer Details)

OR

will be lodged in conjunction with a training contract for an apprenticeship or traineeship, prepared with the assistance of an Apprenticeship Connect Australia Provider

This form must not be used to correct a mistake on the Training Contract. Please complete the [Request to Change employer](#) details form.

Information about transferring an apprenticeship/traineeship

1. This application should be lodged with Training Services within 14 days from the date on which the apprentice or trainee commenced work with the new employer.
2. [Section 20 of the Apprenticeship and Traineeship Act 2001](#) states that an apprenticeship or traineeship may be transferred to a new employer only if:
 - a transfer application is received from the new employer
 - the Commissioner is satisfied that the new employer has the ability to provide appropriate training in the relevant vocation
 - the apprentice or trainee consents to the transfer
 - the employer to whom the apprentice or trainee is currently contracted consents to the transfer
3. The employer of an apprentice or trainee must:
 - provide the apprentice or trainee with every opportunity to be trained in the workplace so that he/she can acquire the skills of the vocation
 - support the apprentice's or trainee's formal training through the registered training organisation
 - fulfil all other legal obligations as an employer

This process is designed to facilitate the transfer of an apprenticeship or traineeship (and accompanying legislative obligations) between one employer and another. This transfer is being implemented under the provisions of [Section 20 of the Apprenticeship and Traineeship Act 2001](#). This transfer does NOT cover employment related issues such as employee entitlements, fees and incentives. These issues are subject to separate discussions and agreement between the original employer, the new employer, and the apprentice/trainee.

Apprentice/Trainee Details

TC ID:	<input type="text"/>	\	<input type="text"/>	Given Names:	<input type="text"/>
Surname:	<input type="text"/>			Date of Birth:	<input type="text"/>
Street Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>			Mobile:	<input type="text"/>
Apprenticeship/Traineeship Name:	<input type="text"/>				

Current Employer Details

Employer Legal Name:	<input type="text"/>				
Employer Trading Name:	<input type="text"/>				
Name of employer representative:	<input type="text"/>				
Position of employer representative:	<input type="text"/>				
Email:	<input type="text"/>	Mobile:	<input type="text"/>		

Proposed Training Contract Details:

New Employer Legal Name:	<input type="text"/>				
New Employer Trading Name:	<input type="text"/>				
Name of employer representative:	<input type="text"/>				
Position of employer representative:	<input type="text"/>				
Email:	<input type="text"/>	Mobile:	<input type="text"/>		
ACAP:	<input type="text"/>	Transfer Date:	<input type="text"/>		

Signed:

I confirm that the business I represent agrees to the transfer of this apprentice/trainee to the new employer listed on this application from the specified transfer date.

I confirm that I have provided a current copy of the Training Plan to the new employer.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Current Employer Representative Witness (Independent person) Date

I confirm that I consent to the transfer of my training contract as detailed in this application.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Apprentice/Trainee Witness (Independent person) Date

I confirm that the business I represent has the capacity and willingness to continue the training of this apprentice/trainee in accordance with the requirements of the Apprenticeship and Traineeship Act 2001 (see attached information).

I confirm that I have been provided with a current copy of the Training Plan for this apprentice/trainee and that I will contact the Training Provider within two weeks to ensure continuous formal training.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

New Employer Representative Witness (Independent person) Date

New Employer Details:

Employer Legal Name:			
Australian Business Number (ABN):			
Employer Trading Name:			
Post Address:			
Suburb:	State:	Postcode:	
Business Phone Number:	Mobile Number:		
Email Address:			
What is the industry or principal activity of the business?			
Type of Employer:	DROP DOWN		

Employment and Training Details:

Name of workplace where apprentice/trainee will be employed:			
Address of workplace where apprentice/trainee will be employed:			
Suburb:	State:	Postcode:	
Total number of people employed by the firm:	<input type="text"/>	Total number of apprentices/trainees in this workplace:	<input type="text"/>
Number of workers able to demonstrate the relevant competencies available to supervise or train the apprentice/trainee in this workplace:	<input type="text"/>		
Contact Person for workplace:	Mobile Number:		
Email address:			
Type of Employment:			
Name of Agreement/Award:			
Is the apprentice/trainee in a business relationship with this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signed:

I confirm that the details provided above are correct.

--	--	--

New Employer Representative

Witness (Independent person)

Date

Bulk Applications

A bulk application may be lodged for the transfer 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 transferred using the Bulk Apprenticeship and Traineeship Schedule
- contact each apprentice or trainee on the list and:
 - explain the situation
 - discuss the proposed transfer; and
 - obtain their consent/agreement to the transfer. Note: Employers **must** maintain evidence of apprentice/trainee consent and be able to provide this to Training Services if requested.

An authorised representative of the employer should then email this form and schedule to their local [Training Services](#) 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 transfer their apprenticeship or traineeship training contract, and gained their consent/agreement to this transfer. I also certify that I acknowledge/understand/agree to the additional certifications detailed on the attached "Application for the Transfer of an apprenticeship or traineeship by consent form".

Commissioner for Vocational Training

NSW Department of Education Sept 2025

Training Services

Central & Northern Sydney
CHATSWOOD NSW 2067
ts.chatswood@det.nsw.edu.au

Southern & South Western Sydney
BANKSTOWN NSW 2200
ts.bankstown@det.nsw.edu.au

Western Sydney & Blue Mountains
PARRAMATTA NSW 2150
ts.parramatta@det.nsw.edu.au

Hunter & Central Coast
NEWCASTLE WEST NSW 2302
ts.newcastle@det.nsw.edu.au

Illawarra & South East NSW
WOLLONGONG NSW 2500
ts.wollongong@det.nsw.edu.au

New England
TAMWORTH NSW 2340
ts.tamworth@det.nsw.edu.au

North Coast & Mid North Coast
LISMORE NSW 2480
ts.lismore@det.nsw.edu.au

Riverina
WAGGA WAGGA NSW 2650
ts.waggawagga@det.nsw.edu.au

Western NSW
ORANGE NSW 2800
ts.orange@det.nsw.edu.au