NSW Department of Education

Training Services



Application for the transfer of an apprenticeship or traineeship – VT8

How to use this form

employer details form.

| | ansfer application form is designed to be completed electronically and then emailed or printed 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 Employe Details) |
| OR | |

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

will be lodged in conjunction with a training contract for an apprenticeship or traineeship, prepared

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. <u>Section 20 of the Apprenticeship and Traineeship Act 2001</u> 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 <u>Section 20 of the Apprenticeship and Traineeship Act 2001</u>. 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: \ | Given Names: | | |
| Surname: | Date of Bi | rth: | |
| Street Address: | | | |
| Suburb: | State: | Postcode: | |
| Email: | Mobile: | | |
| Apprenticeship/Traineeship Name: | | | |
| Current Employer Dataila | | | |
| Current Employer Details | | | |
| Employer Legal Name: | | | |
| Employer Trading Name: | | | |
| Name of employer representative: | | | |
| Position of employer representative: | M.ET. | | |
| Email: | Mobile: | | |
| Proposed Trading Contract Details | s: | | |
| New Employer Legal Name: | | | |
| New Employer Trading Name: | | | |
| Name of employer representative: | | | |
| Position of employer representative: | | | |
| Email: | Mobile: | | |
| ACAP: | Transfer Date: | | |
| Signed: | | | |
| | to the transfer of this apprentice/trainee to the new of the Training Plan to the new employer. | employer listed on this application | |
| | | | |
| Current Employer Representative | Witness (Independent person) | Date | |
| confirm that I consent to the transfer of my training contract as detailed in this application. | | | |
| | | | |
| Apprentice/Trainee | Witness (Independent person) | Date | |
| | capacity and willingness to continue the training of a enticeship and Traineeship Act 2001 (see attached in | | |
| 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. | | | |
| | | | |
| New Employer Representative | Witness (Independent person) | Date | |

New Employer Details: 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: **Employment and Training Details:** Name of workplace where apprentice/trainee will be employed: Address of workplace where apprentice/trainee will be employed: State: Postcode: Suburb: Total number of apprentices/trainees in this workplace: Total number of people employed by the firm: Number of workers able to demonstrate the relevant competencies available to supervise or train the apprentice/trainee in this workplace: Contact Person for workplace: Mobile Number: **Email address: Employment Agreement:** Name of Agreement/Award: Is the apprentice/trainee in a business relationship with this employer? ☐ Yes □ No Signed: I confirm that the details provided above are correct.

New Employer Representative 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:
 - o explain the situation
 - o discuss the proposed transfer; and
 - o 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.

Witness (Independent person)

Date

An authorised representative of the employer should then email this form and schedule to their local <u>Training Services</u> 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

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

Training Services

Central & Northen 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

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Riverina

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