

## 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 attached to a new application for an apprenticeship or traineeship, prepared with the assistance of an Apprenticeship Network Provider

**OR**

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

**\*\*\* This form should 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 NSW 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.

**Current Training Contract Details:**

**Apprentice/Trainee details**

Surname:  Other names:  DOB:  TCID:  \

Street address:

Suburb:  State:  Postcode:

Email address:  Mobile No:

Apprenticeship/Traineeship Name:

**Current Employer details**

Employer legal name:

Employer trading name:

Name of employer representative:

Position of employer representative:

Email address:  Mobile No:

**Proposed Training Contract Details:**

New Employer legal name:

New Employer trading name:

Name of employer representative:

Position of employer representative:

Email address:  Mobile No:

ANP:  Transfer date:

**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"/>
<b>Current Employer Representative</b>	<b>Witness (Independent person)</b>	<b>Date</b>

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"/>
<b>Apprentice/Trainee</b>	<b>Witness (Independent person)</b>	<b>Date</b>

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"/>
<b>New Employer Representative</b>	<b>Witness (Independent person)</b>	<b>Date</b>

**New Employer Details**

TCID:  \

Employer legal name:

Australian Business Number (ABN):

Employer trading name:

Postal address:

Suburb:  State:  Postcode:

Business Phone No:  Mobile No:

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:

Suburb:  State:  Postcode:

Total number of people employed by the firm:  Total number of apprentices/trainees in this workplace:

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 No:

Email address:

Type of employment arrangement:

Name of Agreement/Award:

Is the apprentice/trainee in a business relationship with this employer?  No  Yes

**Signed:**

I confirm that the details provided above are correct.

**New Employer Representative**

**Witness (Independent person)**

**Date**

Commissioner for Vocational Training

## Training Services NSW

Call 13 28 11

**Central and 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

Further contact information can be located at [https://www.training.nsw.gov.au/about\\_us/contacts.html](https://www.training.nsw.gov.au/about_us/contacts.html)