




Training Contract variation application: Change of Trade/Vocation or Qualification



For assistance in completing this form call the Department for Education on 1800 673 097

Complete and submit this form to apply to vary the trade/vocation or qualification undertaken through a Training Contract in South Australia. The scope of the employer's registration must include the trade/vocation requested in this variation application.

Changing to a higher level qualification may increase the term of the Training Contract (e.g. from Certificate II to Certificate III), while changing to a lower level qualification may decrease the term of the Training Contract. The proposed change may also impact the term of the probation period (if applicable) and the level of supervision required.


-  Required fields are indicated with a red asterisk on the right hand side: *
-  If you are applying for a change in qualification, the parties to the Training Contract must negotiate a new Training Plan with the Nominated Training Organisation (NTO)
-  Only the NTO is required to advise and sign this application when there is a code change for a superseded qualification

1. Trainee/apprentice details

First name(s):										*
Last name(s):										*
Phone no:					Mobile no:					
Date of Birth (DD/MM/YY):				/			/			*
Training Contract number:							/			
Employer's legal name:										*
Employer's worksite postcode:										*

2. Trade or vocation / qualification changes

Effective from date				/			/			*
New trade/vocation name (if changed):										*
New qualification name (if changed):										*
New qualification code (if changed):										*
Nominated Training Organisation name:										*

 See page 2 of this form for required signatures.

3. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *South Australian Skills Act 2008*. Please call the Department for Education on 1800 673 097 if you have any questions before you sign below.

Employer representative signature *	Print name *										
	Date:			/			/				*
Employer phone number or email:											

Trainee/apprentice signature *	Print name *									
	Date:			/			/			

Parent Guardian signature (if learner aged under 18) *	Print name *									
	Date:			/			/			

NTO representative signature *	Print name *									
	Date:			/			/			

! Only the NTO is required to advise and sign this application when there is a code change for a superseded qualification

It is the responsibility of the employer to inform the NTO of the result of this application.

You are advised to retain a copy of this form for your records.

Please submit your application to:

Email: dis.tamfax@sa.gov.au

Post: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

For assistance or more information please:

Call the **Skills Infoline** on 1800 673 097

Or visit us at www.skills.sa.gov.au/apprentices