

Training Contract notification form:
**Transfer to New Nominated
 Training Organisation**





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

Complete and submit this form to notify Traineeship and Apprenticeship Services that the responsibility for delivery of off-job training under a Training Contract has changed from one Nominated Training Organisation (NTO) to another.

This form relates to the Standard 6, Training Plan and Nominated Training Organisations which states that a substitution of the NTO triggers an automatic review of the Training Plan by the new NTO.

Where the NTO ceases to be the NTO in relation to a training contract, it must make the Training Plan and progress towards agreed learning outcomes available to the new NTO and maintain records for the period of which it was the NTO


-  Required fields are indicated with a red asterisk on the right-hand side: *
-  The parties to the Training Contract must negotiate a new Training Plan with the NTO responsible for the delivery of training.

1. Trainee/apprentice details

First name(s):				*
Last name(s):				*
Phone no:		Mobile no:		
Date of Birth (DD/MM/YY):	/	/		
Training Contract number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	*
Qualification being undertaken:				*
Employer's legal name:				*
Employer's worksite postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	*

2. Transfer to new Nominated Training Organisation (NTO)

Effective from (DD/MM/YY):	/	/		*
Former NTO name:				*
New NTO name:				*
New NTO phone:				*
New NTO email:				*
New NTO contact person name:				*

 See page 2 of this form for required signatures.

3. Signatures

Print employer representative name:		*
Employer representative signature:		*
Signature date (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Employer phone number or email:		

Print apprentice/trainee name:		*
Apprentice/trainee signature:		*
Signature date (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*

Print parent/guardian name (if learner aged under 18):		*
Parent/guardian signature (if learner aged under 18):		*
Signature date (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*

Print new NTO representative name:		*
New NTO representative signature:		*
Signature date (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*

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