

Notification form:
Change of Contact Details



For assistance in completing this form call the Department for Innovation and Skills on 1800 673 097

Complete and submit this form to notify Traineeship and Apprenticeship Services (TAS) of a change in your details. This form relates to the Standard "Training Contract Approval" which requires that TAS be notified of any material change to the Training Contract.

! Required fields are indicated with a red asterisk on the right-hand side: *

1. General

Changes effective from (DD/MM/YY):	/ /	*
Changes apply to:	<input type="checkbox"/> Apprentice/trainee (<i>complete sections 1, 2, 3 and 8</i>) <input type="checkbox"/> Employer (<i>complete sections 1, 4, 5 and 8</i>) <input type="checkbox"/> Parent/guardian (<i>complete sections 1, 6, 7 and 8</i>)	*

2. Trainee/apprentice *current* details

First name(s):		*
Last name(s):		*
Date of Birth (DD/MM/YY):	/ /	*
Training Contract number:	<input type="text"/> \ <input type="text"/>	*
Employer's worksite postcode:		*

3. Trainee/apprentice *changed* details

! **Evidence Required.** If you are a trainee/apprentice providing notification of a change in your name, evidence must be attached. This may include a copy, and not an original, of one of the following: Change of Name Certificate, Deed Poll or Marriage Certificate.

First name(s):	
Last name(s):	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>

4. Employer *current* details

Legal name:	*
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5. Employer *changed* details

Contact person:	
Position:	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>



Only complete sections 6 and 7 if you are the parent/guardian of an apprentice/trainee aged under 18.

6. Parent/guardian *current* details

Name:	*
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7. Parent/guardian *changed* details

Name:	
Phone no:	Mobile no:
Email:	
Postal address:	Postcode: <input type="text"/>

8. Signatures

Only the party whom the changes relate to needs to sign this form. However, if there is a change of parent/guardian under the Training Contract then the trainee/apprentice must also sign the form.

Employer representative signature	*	Print name:	*
		Signature date: (DD/MM/YY) / /	*

Trainee/apprentice signature	*	Print name:	*
		Signature date: (DD/MM/YY) / /	*

Parent/guardian signature (if learner aged under 18)	*	Print name:	*
		Signature date: (DD/MM/YY) / /	*

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