

Training Contract variation application: Transfer to New Employer

An application can be made by any of the parties to a training contract to substitute the current employer with a new employer, please refer to [Standard 9 - Transfer of Training Contracts and Substitute Employer](#)

Contact the South Australian Skills Commission on 1800 673 097 for advice if:

- the employer of the Apprentice/Trainee has changed due to a change of ownership of the business. This will require an update to the Employer Registration; or
- the new employer is **not already registered** to employ and train apprentices or trainees in the trade/vocation being undertaken through the Training Contract.

This application incorporates two parts

- Part One** (parties to the substitution) requires all fields to be completed, and must be signed by all parties - i.e. Current Employer, Substitute (New) Employer, Apprentice/Trainee, Parent/Guardian (if applicable).
- Part Two** The agreement between the current employer and proposed new employer on agreed transfer fees to be paid on substitution, as per Sections 54N & 54O of the [South Australian Skills Act 2008](#) & [Standard 9: Transfer of Training Contracts and Substitute Employer](#).
 - select **one** of the options
 - to be signed by Current Employer and Substitute (New) Employer

Part One – Parties to the Substitution

Effective date of Transfer

Effective from (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Trainee/Apprentice Details

First Name(s):	
Last Name:	
Phone Number:	
Training Contract Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \ <input type="text"/>
Qualification:	
Year Level of Apprentice/Trainee:	(If not known contact SA Skills Commission on 1800 673 097)

Nominated Training Organisation (NTO)

Name:	
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Current Employer

Legal Name:	
Reason for transferring this Training Contract:	
If the current employer objects to the training contract transfer, please provide a reason:	

Substitute (New) Employer

Legal Name:							
ABN:							
Worksite Address:		Postcode: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
Phone Number:							
Number of Employees: (Refer to Standard 9)	Small business (20 or fewer employees) <input type="checkbox"/>						
Please tick applicable box	Medium to large business (21 or more employees) <input type="checkbox"/>						
Email:							
Industrial Agreement / Enterprise Agreement:	(If not known contact the Fair Work Ombudsman on 13 13 94)						
Apprentice Connect Australia Provider(<i>if changed</i>):							

Signatures

- I am authorised to sign this document and acknowledge I am aware of my rights and obligations under the Training Contract and under the [South Australian Skills Act 2008](#) & [Standard 9: Transfer of Training Contracts and Substitute Employer](#).
- By signing this form, you agree to the substitution of the Employer under the Training Contract.
- If you have any questions, please call the South Australian Skills Commission on 1800 673 097.

*	Print Name:					
	Date: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>					
Current Employer Representative Signature:						
*	Print Name:					
	Date: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>					
Substitute (New) Employer Representative Signature:						
*	Print Name:					
	Date: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>					
Apprentice/Trainee Signature:						
*	Print Name:					
	Date: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>					
Parent/Guardian Signature (<i>If learner aged under 18</i>):						

Part Two – Agreed transfer fees to be paid on substitution

Tick **one (1)** of the 4 options from the table below.

Option 1	The current employer <u>agrees to</u> have the fee waived (no transfer fee payable)	<input type="checkbox"/>
Option 2	The substitute employer <u>agrees to</u> the transfer fee indicated in Standard 9 - Transfer of Training Contracts and Substitute Employer	<input type="checkbox"/>
Option 3	The current employer and substitute employer <u>agree to a transfer fee of:</u> <input type="text" value="\$"/>	<input type="checkbox"/>
Option 4	The new employer is seeking to have the transfer fee waived	<input type="checkbox"/>
If Option 4 is selected, please provide a reason:		

Please note:

- Transfer fees are exempt from the Goods and Services Tax (GST).
- An apprentice or trainee is not liable for payment of the fee.
- The transfer fee within Option 2 is calculated based on the time already served by the learner under the Training Contract and the size of the substitute employer.
Refer to [Standard 9 - Transfer of Training Contracts and Substitute Employer](#) for information.
- If you have any questions, call the South Australian Skills Commission on 1800 673 097.

Signatures

- I am authorised to sign this document on behalf of the employer.
- I acknowledge that by signing below I agree to the transfer fee arrangements outlined above.
- You will receive confirmation of the transfer fee payable upon approval of this substitution application.

* Current Employer Representative Signature:	Print Name:
	Date: <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>

* Substitute (New) Employer Representative Signature:	Print Name:
	Date: <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>

Please submit your application to:

Email: sasc.tasforms@sa.gov.au

Post: **South Australian Skills Commission**
GPO Box 1152, Adelaide SA 5001

For assistance or more information:

Call the **South Australian Skills Commission** on
1800 673 097

Or visit skillscommission.sa.gov.au/apprentices