



Information regarding updating employer details

This attached form can be used to notify the Department's Apprenticeship Office of updates or corrections to employer details.

To give notice an employer should:

- complete the attached form;
- have an authorised representative sign the form; and
- submit it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au.

Please note: Upon receipt of this form the Apprenticeship Office will update the employer's details without sending a response. Please keep a copy of this form and all attachments for your records.

This attached form can be used to:

- change legal, trustee or trading name associated with the current ABN of the employer;
- change the business' head office address;
- change the postal address;
- advise a new site address; and/or
- update the employer's contact details.

This form is not to be used when advising of a change of ABN

The ABN is the legal identifier of a business and a change to it means a change of legal entity for the employer to a training contract. Therefore the assignment (transfer) of training contract process should be followed to transfer the training contract from a legal entity to another. Please refer to the *Assignment (transfer) of a training contract to a new employer* fact sheet and form on the Apprenticeship Office website for more information regarding the assignment process.

**The term 'apprentice' covers apprentices, trainees, cadets and interns.*

Notice to update employer details

Please read the information sheet before completing and returning this form. If you have any questions or concerns, contact the Apprenticeship Office before signing this form. Please use BLOCK CAPITALS and email the completed form to apprenticeshipoffice@dtwd.wa.gov.au.

Current employer details <i>(mandatory)</i>		
Legal name:	ABN:	
Trustee name <i>(if applicable)</i> :		
Trading name:		
Is there a change to the employer's legal or trading name? <small>(for ABN changes please submit the Notice to assign (transfer) a training contract to a new employer)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
Legal name:		
Trustee name <i>(if applicable)</i> :		
Trading name:		
Is there a change to the employer's head office address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
New business address:	Suburb:	PC:
New postal address:	Suburb:	PC:
Is there a change to the employer's primary contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
New primary contact name:	New primary contact phone:	
New primary contact email: <small>(to be used for all training contract correspondence)</small>		
Is there a change to the employer's worksite? <small>(where apprentice/s will be working)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
Current worksite address:	Suburb:	PC:
Is this worksite still active? <small>(If no, ALL current apprentice/s at this worksite will be re-located to the new worksite details provided below)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will ALL current apprentices move to new worksite? <small>(If no, [i.e. only SOME apprentice/s are to be transferred to the new worksite] please attach a list of the apprentice/s that WILL be relocating to the new worksite provided below)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New worksite address:	Suburb:	PC:
New worksite contact name:	New worksite contact phone:	
New worksite contact email:		
By signing this form, I confirm that I am an authorised representative of this employer and have authority to advise of these changes.		
_____	_____	_____
Employer's name <i>(Please print)</i>	Employer's signature	Date

Apprenticeship Office

T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au

W: dtwd.wa.gov.au/apprenticeshipoffice