



Notice to update personal details in training contracts

This form is to be completed and signed by the apprentice/trainee (and/or guardian if applicable), to notify the Apprenticeship Office of a change of personal details.

To give notice the apprentice should:

- complete the attached form to update their personal details;
- sign the form before submitting it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au; and
- provide a copy of the documents requested with this form (if applicable).

Please note: on receipt of this form we will update your details without sending a response. Please keep a copy of this form and all attachments for your records.

This form can be used to notify the Apprenticeship Office of updates or corrections required to any or all of the following details of the training contract:

- an apprentice's guardian's name;
- an apprentice's date of birth; and
- apprentice's/guardian's contact information.

This form should not be used to:

- vary/extend/suspend or terminate a training contract; or
- change the nominated guardian on the training contract.

Should you require any further information please contact the Apprenticeship Office on 13 19 54.

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

Notice to update personal details (apprentice/trainee/guardian)

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.

Apprentice's details <i>(mandatory)</i>		
Name:		Training contract ID:
Address:	Suburb:	PC:
DOB	Email:	
Employer's trading name:		
Change of personal details		
Please indicate: <input type="checkbox"/> Apprentice/trainee or <input type="checkbox"/> Parent/guardian		
Previous name		New name
First name:		First name:
Surname:		Surname:
Please indicate the reason for the change:		
<input type="checkbox"/> Use a new name <input type="checkbox"/> Use a former name <input type="checkbox"/> Other:		
A copy of one of the following documents confirming the correct name must be attached.		
Please indicate: <input type="checkbox"/> Birth certificate or <input type="checkbox"/> Marriage certificate or <input type="checkbox"/> Change of name certificate.		
Change to apprentice's/trainee's date of birth		
Correct date of birth (DD/MM/YYYY):		
A copy of one of the following documents confirming the date of birth must be attached.		
Please indicate: <input type="checkbox"/> Driver's licence or <input type="checkbox"/> Birth certificate or <input type="checkbox"/> Passport.		
Change of contact details		
Please indicate: <input type="checkbox"/> Apprentice/trainee or <input type="checkbox"/> Parent/guardian		
Email:		Phone:
New residential address <i>(PO Boxes not accepted)</i>		
Street address:		
Suburb:	State:	PC:
<input type="checkbox"/> Tick this box if the new postal address is the same as the new residential address.		
New postal address		
Postal address:		
Suburb:	State:	PC:
By signing this form, I acknowledge that I have read and understood the information on the information sheet and confirm that the details provided above are true and correct.		
_____ Apprentice's/trainee's signature:		_____ Date:
_____ Guardian's signature <i>(required if apprentice is under 18)</i>		_____ Date

Apprenticeship Office

T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au

W: dtwd.wa.gov.au/apprenticeshipoffice